



**CITY COUNCIL
Special Meeting Agenda
Liquor Violation Hearings
February 27, 2002 – 7:30 P.M.
Council Chambers – City Hall
500 West Big Beaver, Troy, Michigan 48084
(248) 524-3300**

CALL TO ORDER **1**

Invocation & Pledge Of Allegiance **1**

ROLL CALL **1**

OUTLINE OF PUBLIC HEARING PROCEDURE **1**

PUBLIC HEARINGS **2**

1.0 Liquor Violations SDD/SDM: (a) Rite Aid Discount Pharmacy #4268, 3986 John R;
(b) 7-Eleven, 5020 John R; (c) Rite Aid Discount Pharmacy #4305; (d) Farmer
Jack Supermarket, 2105 W. South Blvd. 2

(a) Rite Aid Discount Pharmacy #4268, 3986 John R 2

(b) 7-Eleven, 5020 John R Road 3

(c) Rite Aid Discount Pharmacy #4305 4

(d) Farmer Jack Supermarket, 2105 W. South Blvd. 5

LIQUOR VIOLATIONS **6**

2.0 Resolution Regarding Recently Acquired/Other SDD/SDM Licensed
Establishments: (a) Bottle & Cork Wine Shop, 1660 John R 6

(a) Bottle & Cork Wine Shop, 1660 John R 6

NOTICE: People with disabilities needing accommodations for effective participation in this meeting should contact the City Clerk (248) 524-3316 at least two working days in advance of the meeting. An attempt will be made to make reasonable accommodations.

CALL TO ORDER

Invocation & Pledge Of Allegiance

ROLL CALL

Mayor Matt Pryor
Robin Beltramini
Martin F. Howrylak
Thomas S. Kaszubski
David A. Lambert
Anthony N. Pallotta
Louise E. Schilling

OUTLINE OF PUBLIC HEARING PROCEDURE

The City Attorney suggests the following outline of procedure for consideration of liquor violations:

1. The Mayor calls the licensee whose case is to be heard.
2. The licensee and/or his attorney should be asked to the front of the Chamber to acknowledge their presence for the record and can be seated.
3. The Assistant City Attorney makes a very short opening statement regarding the violation(s), and presents proofs.
4. When witnesses are called, they should be sworn by the City Clerk to tell the truth.
5. Once the witness is sworn, the Assistant City Attorney will question the witness.
6. The police report and other documents may be offered into evidence as part of the case and should be kept by the City Clerk as part of the records.
7. At the conclusion of the City's case, the licensee or his attorney should be asked to offer an explanation for the violations if they choose, make a statement, offer evidence, or otherwise make their presentation.
8. If the licensee offers evidence from witnesses who have not been previously sworn, the City Clerk should swear those witnesses.
9. Once the licensee has concluded his presentation, the Assistant City Attorney should be given an opportunity for rebuttal, if any is desired.
10. City Council members may ask questions at any time, but it is suggested that this questioning by Council members be conducted after the parties conclude their presentations.
11. When the presentation of evidence is concluded, the matter returns to the City Council for discussion, deliberation, and resolution.

PUBLIC HEARINGS

The following named licensees have been given notice to appear for this series of Public Hearings regarding alleged violations:

- a) Name: Rite Aid Discount Pharmacy #4268
 Address: 3986 John R
 License No.: 11763-2000 (SDD)
 4339-2000 (SDM)

- b) Name: 7-Eleven
 Address: 5020 John R
 License No.: 13474-2000 (SDM)

- c) Name: Rite Aid Discount Pharmacy #4305
 Address: 2971 W. Maple
 License No.: 4978-2000 (SDM)
 10077-2000 (SDD)

- d) Name: Farmer Jack Supermarket
 Address: 2105 W. South Blvd.
 License No.: 18011-2000 (SDM)

1.0 Liquor Violations SDD/SDM: (a) Rite Aid Discount Pharmacy #4268, 3986 John R; (b) 7-Eleven, 5020 John R; (c) Rite Aid Discount Pharmacy #4305; (d) Farmer Jack Supermarket, 2105 W. South Blvd.

(a) Rite Aid Discount Pharmacy #4268, 3986 John R

Suggested Resolution

Resolution #2002-02-

Moved by

Seconded by

WHEREAS, The City Council of the City of Troy has reviewed the following infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy respectively; and

WHEREAS, The City Council has given public notice that it will deliberate and determine whether to adopt a resolution to recommend to the Michigan Liquor Control Commission that the license be revoked after Public Hearing on February 27, 2002, for the following licensed establishment:

Name: Rite Aid Discount Pharmacy #4268
Address: 3986 John R
License No.: 11763-2000 (SDD)
 4339-2000 (SDM)

and, having found violation of the following codes and/or regulations: SALE TO MINOR (Compliance Test) on APRIL 24, 2001; and

WHEREAS, This licensee has had prior violations under ownership of Paul's Wine Cellar dated October 4, 1985 – Sale to Minor; January 30, 1987 – Sale to Minor; October 17, 1990 - Sale to Minor (Compliance Test); May 23, 1991 – Sale to Minor (Compliance Test); November 4, 1992 – Sale to Minor (Compliance Test); September 27, 1995 – Sale to Minor (Compliance Test); and under ownership of Rite Aid of Michigan: December 9, 1996 – Sale to Minor (Compliance Test); October 28, 1998 – Sale to Minor (Compliance Test); October 27, 1999 – Sale to Minor (Compliance Test); and

WHEREAS, After due notice the licensee was given opportunity to review these cited infractions, and opportunity to confront witnesses and/or statements by accusers while in the presence of this City Council, sitting as a hearing body on February 27, 2002;

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that after due notice, appropriate hearing and deliberations, and having made findings, it is recommended to the Michigan Liquor Control Commission that License Numbers 11763-2000 (SDD) and 4339-2000 (SDM) in the name of Rite Aid Discount Pharmacy #4268, in the City of Troy, Michigan, be **RENEWED/NOT RENEWED** and that a certified copy of this resolution be sent to the Michigan Liquor Control Commission.

Yes:

No:

(b) 7-Eleven, 5020 John R Road

Suggested Resolution

Resolution #2002-02-

Moved by

Seconded by

WHEREAS, The City Council of the City of Troy has reviewed the following infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy respectively; and

WHEREAS, The City Council has given public notice that it will deliberate and determine whether to adopt a resolution to recommend to the Michigan Liquor Control Commission that the license be revoked after Public Hearing on February 27, 2002, for the following licensed establishment:

Name:	7-Eleven
Address:	5020 John R
License No.:	13474-2000 (SDM)

and, having found violation of the following codes and/or regulations: SALE TO MINOR (COMPLIANCE TEST) on SEPTEMBER 25, 2001; and

WHEREAS, This licensee has had prior violations dated August 14, 1982 – Sale to Minor (Compliance Test); May 27, 1988 – Sale to Minor (Compliance Test); December 10, 1988 (Compliance Test); October 26, 1989 – Sale to Minor (Compliance Test); February 22, 1991 – Sale to Minor; May 23, 1991 – Sale to Minor (Compliance Test); September 29, 1995 – Sale to Minor (Compliance Test); October 28, 1998 – Sale to Minor (Compliance Test); March 10, 2000 – Sale to Minors (FOP-DPU); and

WHEREAS, After due notice the licensee was given opportunity to review these cited infractions, and opportunity to confront witnesses and/or statements by accusers while in the presence of this City Council, sitting as a hearing body on February 27, 2002;

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that after due notice, appropriate hearing and deliberations, and having made findings, it is recommended to the Michigan Liquor Control Commission that License Number 13474-2000 (SDM) in the name of 7-Eleven, in the City of Troy, Michigan, be **RENEWED/NOT RENEWED** and that a certified copy of this resolution be sent to the Michigan Liquor Control Commission.

Yes:

No:

(c) Rite Aid Discount Pharmacy #4305

Suggested Resolution

Resolution #2002-02-

Moved by

Seconded by

WHEREAS, The City Council of the City of Troy has reviewed the following infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy respectively; and

WHEREAS, The City Council has given public notice that it will deliberate and determine whether to adopt a resolution to recommend to the Michigan Liquor Control Commission that the license be revoked after Public Hearing on February 27, 2002, for the following licensed establishment:

Name:	Rite Aid Discount Pharmacy #4305
Address:	2971 W. Maple
License No.:	4978-2000 (SDM) 10077-2000 (SDD)

and, having found violation of the following codes and/or regulations: SALE TO MINOR (COMPLIANCE TEST) on SEPTEMBER 25, 2001; and

WHEREAS, This licensee has had prior violations dated August 22, 1981 – Sale to Minor; August 22, 1981 – Sale to Minor; March 3, 1989 – Sale to Minor (Controlled Buy); October 26, 1989 - Sale to Minor (Compliance Test); August 2, 1991 - Sale to Minor; October 4, 1991 – Sale

to Minor; February 6, 1992 – Sale to Minor (Compliance Test); June 25, 1992 – Sale to Minor; October 27, 1999 – Sale to Minor (Compliance Test); and

WHEREAS, After due notice the licensee was given opportunity to review these cited infractions, and opportunity to confront witnesses and/or statements by accusers while in the presence of this City Council, sitting as a hearing body on February 27, 2002;

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that after due notice, appropriate hearing and deliberations, and having made findings, it is recommended to the Michigan Liquor Control Commission that License Numbers 10077-2000 (SDD) and 4978-2000 (SDM) in the name of Rite Aid Discount Pharmacy, in the City of Troy, Michigan, be **RENEWED/NOT RENEWED** and that a certified copy of this resolution be sent to the Michigan Liquor Control Commission.

Yes:

No:

(d) Farmer Jack Supermarket, 2105 W. South Blvd.

Suggested Resolution

Resolution #2002-02-

Moved by

Seconded by

WHEREAS, The City Council of the City of Troy has reviewed the following infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy respectively; and

WHEREAS, The City Council has given public notice that it will deliberate and determine whether to adopt a resolution to recommend to the Michigan Liquor Control Commission that the license be revoked after Public Hearing on February 27, 2002, for the following licensed establishment:

Name:	Farmer Jack Supermarket
Address:	2105 W. South Blvd.
License No.:	18011-2000 (SDM)

and, having found violation of the following codes and/or regulations: SALE TO MINOR (COMPLIANCE TEST) on APRIL 24, 2001; and

WHEREAS, This licensee has had prior violations dated October 24, 2000 - Sale to Minor (Compliance Test); and

WHEREAS, After due notice the licensee was given opportunity to review these cited infractions, and opportunity to confront witnesses and/or statements by accusers while in the presence of this City Council, sitting as a hearing body on February 27, 2002;

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that after due notice, appropriate hearing and deliberations, and having made findings, it is recommended to the Michigan Liquor Control Commission that License Number 18011-2000 (SDM) in the name of Farmer Jack Supermarket, in the City of Troy, Michigan, be **RENEWED/NOT RENEWED** and that a certified copy of this resolution be sent to the Michigan Liquor Control Commission.

Yes:

No:

LIQUOR VIOLATIONS

2.0 Resolution Regarding Recently Acquired/Other SDD/SDM Licensed Establishments: **(a) Bottle & Cork Wine Shop, 1660 John R**

(a) Bottle & Cork Wine Shop, 1660 John R

Suggested Resolution

Resolution #2002-02-

Moved by

Seconded by

WHEREAS, The licensee has a Specially Designated Distributor/Specially Designated Merchant (SDD/SDM) Liquor License from the State of Michigan for an establishment located within the City of Troy; and

WHEREAS, The City of Troy is vested with the authority to make recommendations of revocation of a SDD/SDM Liquor License, to the State of Michigan Liquor Control Commission, when an establishment within the City repeatedly violates state, local, or federal laws: and

WHEREAS, The City Council of the City of Troy has reviewed the following alleged infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy, namely:

SALE TO MINOR (COMPLIANCE TEST) – SEPTEMBER 25, 2001

SALE TO MINOR (MLCC OPERATION) – NOVEMBER 15, 2001

WHEREAS, In addition to the alleged violation, the City has also reviewed the past history of the licensee, and has determined that the licensee is in the first year of ownership and/or control, and has not received any other citations.

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that the above referenced licensed liquor establishment shall immediately require all employees who sell alcohol to attend a recognized alcohol awareness program, and forward the names of each certified employee to the Troy Police Department. Any employees of the licensee who have attended a recognized alcohol awareness program within the past year are exempt from this

requirement. The alcohol awareness program must either be recognized by the Troy Police Department (i.e. TIPS, TAMS), or the program must be reviewed by the Troy Police Department to insure that the program is comparable to the recognized programs. The Troy Police Department shall be provided with the information within six months of today's date.

BE IT FURTHER RESOLVED, That the City of Troy shall continue to aggressively enforce the liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy; and

BE IT FURTHER RESOLVED, That any further violations of the liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy will result in more severe sanctions against the licensee, including the possibility of recommendations of revocation of the SDD/SDM liquor license.

Yes:

No:

Rite Aid Discount Pharmacy #4268
Rite Aid of Michigan, Inc.
3986 John R
Troy MI 48083
SDD 11763-2000 & SDM 4339-2000
Sale to Minor

LCC

Liquor Licensee History

Business name: **Rite Aid Discount Pharmacy #4268**

Address: 3986 John R

Licensee: Rite Aid of Michigan

License type: **SDD (11763-2000) SDM (4339-2000)**

Permits: Sunday Sales

Comments: Scott Reusze, Mgr. (5/99)

Date	Troy Incident #	Type	Disposition	Date
8/20/84		Council approved transfer of license to Paul Gabbara		
6/17/85		Council approved transfer of license to new building		
10/4/85	85-29395	Sale to minor	Dismissed	5/2/86
1/30/87	87-3181	Sale to minor	Dismissed	7/10/87
10/17/90	90-32241	Sale to minor (compliance test)	Fined \$200	10/21/91
5/23/91	91-14211	Sale to minor (compliance test)	Fined \$400	10/21/91
8/1/91		Request to transfer license to Sam Kilano	Withdrawn	3/20/92
11/4/92	92-33960	Sale to minor (compliance test)	Fined \$1000 & 3 day suspension	3/19/93
9/27/95	95-35601	Sale to minor (Compliance Insp)	Fined \$1000 & 3 day suspension	1/1/96
1/11/96		Request to transfer license to Rite Aid		
3/18/96	95-35601	Council hearing: No action, "Paul's Wine Cellar" closed, transfer to Rite Aid in process		
*****UNDER OWNERSHIP OF RITE AID OF MICHIGAN*****				
08/19/96		Council approves transfer to Rite Aid of Michigan		
12/9/96	96-45544	Sale to Minor (Compliance Insp.)	Fined \$400.	3/6/97
3/17/97	96-45544	Council hearing: Employee's not TIPS or TAM trained in last 90 days to be trained.		

10/28/98	98-43638	Sale to Minor (Compliance Insp.)	\$600	3/19/99
02/25/99	99-07624	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
03/08/99	99-08960	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
03/22/99		City Council recommends MLCC suspend license for 3 weeks and that all employees be TIPS/TAM trained BEFORE serving and proof be provided the Police Dept of same.		
05/??/99		Scott Reusze replaces Paul Gabarra as manager per Rite Aid Legal		
05/18/99	99-18438	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/22/99	99-23604	Compliance Test - PASSED		
08/11/99		Reminder letter sent for proof, deadline 09/01/99 Proof received 08/30/99		
10/27/99	99-41269	Sale to Minor (Compliance Test)	\$700	03/24/00
12/04/99	99-46310	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
07/25/00	none	Compliance Test	PASSED	
11/15/00	00-42336	Compliance Test	PASSED	
04/24/01	01-14106	Sale to Minor (Compliance Test)	DISMISSED Student Aide FTA	
08/14/01	01-29118	Compliance Test	PASSED	
09/25/01	01-34502	Compliance Test	PASSED	
10/17/01	01-37394	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
01/02/02	02-00112	Liquor Inspection (Road Patrol)	NO VIOLATIONS	

**RITE AID PHARMACY
3986 JOHN R RD**

2001 INCIDENT HISTORY

Complaint Number	Report Date	Description
01-00494	01/05/01	Private Property Accident
01-06617	02/24/01	Private Property Accident
01-13643	04/21/01	Suspicious Persons
01-14106	04/24/01	LCC Violation
01-15305	05/03/01	Retail Fraud III
01-27479	08/02/01	Hit & Run Property Damage Accident
01-32689	09/11/01	Suspicious Persons
01-35584	10/04/01	Suspicious Vehicle
01-40664	11/10/01	Malicious Destruction of Property
01-43097	12/01/01	Suspicious Circumstances



Michigan Department of Consumer & Industry Services

LIQUOR CONTROL COMMISSION (LCC)

7150 Harris Drive

P.O. Box 30005

Lansing, Michigan 48909-7505

Phone (517) 322-1390 ~ FAX (517) 322-6347

VIOLATION REPORT

(Authorized by P.A.58 of 1998)

*** Officers Please Obtain This Information From The License ***

License No. 11763-2000 SS Business ID 9794 File # _____

(THIS INFORMATION NOT AVAILABLE ON LICENSE UNTIL 5/1/99)

1. Name of Licensee Rite Aid of Michigan, Inc. 2. Doing Business As Rite Aid

3. Mailing Address (street, city, zip code) 3986 John R

4. Township Troy 5. County Oakland

6. Type of License(s) & Permit(s) SDD SDM Sunday Sales

7. Date of Violation: Tuesday April 24, 2001 8:05 AM or PM
(DAY) (DATE) (HOUR)

8. Violation Type: X Minor
Intoxicated Person After hours sales/consumption Gambling
Fighting (must be inside licensed premises) Controlled Substances
Failure to Cooperate Prohibited Conduct OTHER: _____

if MINOR: Birth date 04/21/82 Was this a DECOY? Yes No If no, you MUST answer below:

IF above minor violation was not a decoy describe Enforcement Action Taken: _____

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 01-14106

Officer Signature Russell Bragg Name and Title (print) Officer Russell Bragg

Officer Signature Robert Wolfe Name and Title (print) Officer Robert Wolfe

Department Name Troy Police Department Phone # (248) 524-3477

LC-600 Rev. 4/99 4880-2362

WITNESSES

1. Name Hanna Hejaij Address 2346 Michael Dr., Sterling Hts., MI, 48310

Will testify to: selling alcohol to a minor.

2. Name Willie Copeland Address 3986 John R, Troy, MI, 48089

Will testify to: manager of store.

3. Name Matthew Arnold Address c/o 500 W. Big Beaver Rd., Troy, MI, 48084

Will testify to: purchasing alcoholic beverage from Hejaij while under the age of 21.

4. Name Officer Russ Bragg Address 500 W. Big Beaver Rd., Troy, MI, 48084

Will testify to: sale of alcohol to a minor.

5. Name Officer Robert Wolfe Address 500 W. Big Beaver Rd., Troy, MI, 48084

Will testify to: sale of alcohol to a minor.

EVIDENCE

Location Held: Troy Police Dept. Property Room, tag #112819

1 bottle of Beringer White Zinfandel wine

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48084-5285
ORI # M16378400

INCIDENT REPORT

SUPP ☐

PAGE 1 OF 3

01	DATE 04/24/01	DAY TUE	SHIFT 09	PLATOON 99	BADGE 1 105	BADGE 2 06	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 01/14/06	INCIDENT NUMBER		
02	RECEIVED 2010	DISPATCHED	ARRIVED	COMPLETED	DATE(S) OCCURRED 04/24/01	TIMES(S) OCCURRED 2010	ASSIGNED HOUR / DAY 20 TUE					
03	LOCATION / ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER) 3986 JOHN R						LOCATION 2 (INTERSECTING STREET)					
04	CITY TROY	STATE MI	ZIP 48089	CODE L	BUSINESS NAME RITE AID			BUSINESS PHONE				
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION				ESTAB CODE 0210	ORIGIN <input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> B11 <input type="checkbox"/> FOP <input type="checkbox"/> OTHER <input type="checkbox"/> MDT	HOW ACTIVATED <input type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT <input type="checkbox"/> DISP <input type="checkbox"/> OTHER	PATROL 05	GEOGRAPHIC			
06	NATURE OF OFFENSE #1 FURNISHING ALCOHOL TO MINOR				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense) B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING
07	NATURE OF OFFENSE #2				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	
08	NATURE OF OFFENSE #3				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	
09	NATURE OF OFFENSE #4				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	OFFENSE COMMENTS
CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITH (9) SECUR'D BY (10) JUV ARREST (11) DRIVER (12) PASSENGER (13) SUMMONED (14) RESPONSIBLE												
V 10	CODE 8	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) MATTHEW ARNOLD						RAC WM	SEX M	DOB 04/21/82	AGE 19
I 11	ADDRESS 500 W. BIG BEAVER		CITY TROY						STATE MI	ZIP 48098		
G 12	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #				PERSON COMMENTS / OTHER I.D. STUDENT ENFORCEMENT AIDE				
T 13	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	VICTIM TYPE 1 <input type="checkbox"/> INDIVIDUAL 8 <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL		
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY				OUTSIDE FAMILY, BUT KNOWN				NOT KNOWN 96 STRANGER 99 UNKNOWN		REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
M 15	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER						
16	CODE 54	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX) HEJAIS HANNAH						RAC WF	SEX F	DOB 09/28/82	AGE 18
A 17	ADDRESS 2346 MICHAEL DR.		CITY STERLING HTS						STATE MI	ZIP 48310		
R 18	HOME PHONE 810-268-8318	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE		BUILD	SKIN TONE			
R 19	STATE DRIVER'S LICENSE # MI H 220298014749		SOC. SEC. #		SID #		FBI #					
E 20	PERSON COMMENTS / CLOTHING						SUMMONS / CITATION NUMBER(S) 624951					
S 21	ARREST / SUMMONS DESCRIPTION Forn. Alcohol To Minor		ARREST CHARGE 1	ARREST DATE 04/24/01	PLATOON 99	BADGE 1 105	BADGE 2 06	FM MI	DIS DEPARTMENT ARREST NUMBER			
T 22	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS AFIS NUMBER			
23	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input checked="" type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR	<input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR	<input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	<input type="checkbox"/> DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL	
CODES (H) HOLD (S) STOLEN (E) EVIDENCE (L) LOST (A) ATTACKED (R) RECOVERED (F) FOUND (C) CONFISCATED (I) IMPOUNDED (V) SUSPECT VEHICLE (B) BURNED (Y) FORGED / COUNTERFEITED												
24	CODES E	DESCRIPTION W/ RECEIPT 1 BOTTLE OF WINE			PROPERTY TYPE	QUANTITY 1	YEAR	MAKE BERINGER	MODEL WHITE ZINFANDEL			
25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.					
26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG # 112819	LOCATION PROPERTY P.R.	LEIN / NCIC REF #						
27	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED				
28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK								SEIZED DRUGS	TYPE	AMOUNT	MEAS
29	INVESTIGATING OFFICER(S) WOLFE / BRAGG						REVIEWED BY:	ATTENTION TO:				

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48064-5285
ORI # MI6378400

PERSON REPORT

SUPP

PAGE 2 OF 3

01	DATE 04/24/01	DAY TUE	SHIFT 09	PLATOON 99	BADGE 1 LOS	BADGE 2 06	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 01/14/06	INCIDENT NUMBER								
CODES	(1) REPT'D BY	(2) OWNER	(3) VICT	(4) PERS INTERV	(5) ARREST	(6) SUSPECT	(7) MISSING	(8) WITH	(9) SECUR'D BY	(O) JUV ARREST	(D) DRIVER	(P) PASSENGER	(S) SUMMONED	(R) RESPONSIBLE				
V 02	CODE 48	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) COBLANO WILLIE					RAC BM	SEX M	DOB 08/30/67	AGE 33							
I 03	ADDRESS 3986		(DIRECTION, STREET, SUFFIX, QUALIFIER) JDHN R.					CITY TROY		STATE MI	ZIP 48089							
C 04	HOME PHONE		BUSINESS PHONE		STATE		DRIVER'S LICENSE #		PERSON COMMENTS / OTHER I.D. MANAGER									
T 05	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4		VICTIM TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS		F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS		S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER		VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE		M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY		I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION		T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS		F <input type="checkbox"/> FATAL	
I 06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY					OUTSIDE FAMILY, BUT KNOWN					NOT KNOWN 98 STRANGER 99 UNKNOWN		REL / OFF # /		FELONIOUS ASSAULT CIRCUMSTANCES			
M 07	01 SPOUSE		05 CHILD		09 STEPPARENT		20 ACQUAINTANCE		24 BOY / GIRL FRIEND		28 EMPLOYEE		REL / OFF # /		FELONIOUS ASSAULT CIRCUMSTANCES			
	02 C-L SPOUSE		06 GRANDPARENT		10 STEPCCHILD		21 FRIEND		25 CHILD OF "BG" ABOVE		29 EMPLOYER		/		/			
	03 PARENT		07 GRANDCHILD		11 STEPSIBLING		22 NEIGHBOR		26 HOMOSEXUAL REL.		30 OTHERWISE KNOWN		/		/			
	04 SIBLING		08 IN-LAW		12 OTHER FAMILY		23 BABYSITEE (baby)		27 EX-SPOUSE		31 VICTIM WAS OFFENDER		/		/			
V 08	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)					RAC	SEX	DOB	AGE							
I 09	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)					CITY		STATE	ZIP							
C 10	HOME PHONE		BUSINESS PHONE		STATE		DRIVER'S LICENSE #		PERSON COMMENTS / OTHER I.D.									
T 11	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4		VICTIM TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS		F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS		S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER		VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE		M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY		I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION		T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS		F <input type="checkbox"/> FATAL	
I 12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY					OUTSIDE FAMILY, BUT KNOWN					NOT KNOWN 98 STRANGER 99 UNKNOWN		REL / OFF # /		FELONIOUS ASSAULT CIRCUMSTANCES			
M 13	01 SPOUSE		05 CHILD		09 STEPPARENT		20 ACQUAINTANCE		24 BOY / GIRL FRIEND		28 EMPLOYEE		REL / OFF # /		FELONIOUS ASSAULT CIRCUMSTANCES			
	02 C-L SPOUSE		06 GRANDPARENT		10 STEPCCHILD		21 FRIEND		25 CHILD OF "BG" ABOVE		29 EMPLOYER		/		/			
	03 PARENT		07 GRANDCHILD		11 STEPSIBLING		22 NEIGHBOR		26 HOMOSEXUAL REL.		30 OTHERWISE KNOWN		/		/			
	04 SIBLING		08 IN-LAW		12 OTHER FAMILY		23 BABYSITEE (baby)		27 EX-SPOUSE		31 VICTIM WAS OFFENDER		/		/			
14	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)					RAC	SEX	DOB	AGE							
A 15	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)					CITY		STATE	ZIP							
R 16	HOME PHONE		BUSINESS PHONE		HEIGHT		WEIGHT		EYES		HAIR COLOR / LENGTH / STYLE		BUILD		SKIN TONE			
R 17	STATE		DRIVER'S LICENSE #		SOC. SEC. #		SID #		FBI #									
E 18	PERSON COMMENTS / CLOTHING					SUMMONS / CITATION NUMBER(S)												
S 19	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 1		ARREST DATE		PLATOON		BADGE 1		BADGE 2		FM		DIS		DEPARTMENT ARREST NUMBER	
T 20	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2		ARREST DATE		PLATOON		BADGE 1		BADGE 2		FM		DIS		AFIS NUMBER	
21	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)		MULTIPLE <input type="checkbox"/> MULTIPLE ARREST <input type="checkbox"/> COUNT 1 INDICATOR <input type="checkbox"/> N/A		CLEAR <input type="checkbox"/> Y INDICATOR <input type="checkbox"/> N		UPON ARREST ARMED WITH (ENTER "A" IF AUTO)		01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN		13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM		20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES		ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT		DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL	
22	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)					RAC	SEX	DOB	AGE							
A 23	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)					CITY		STATE	ZIP							
R 24	HOME PHONE		BUSINESS PHONE		HEIGHT		WEIGHT		EYES		HAIR COLOR / LENGTH / STYLE		BUILD		SKIN TONE			
R 25	STATE		DRIVER'S LICENSE #		SOC. SEC. #		SID #		FBI #									
E 26	PERSON COMMENTS / CLOTHING					SUMMONS / CITATION NUMBER(S)												
S 27	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 1		ARREST DATE		PLATOON		BADGE 1		BADGE 2		FM		DIS		DEPARTMENT ARREST NUMBER	
T 28	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2		ARREST DATE		PLATOON		BADGE 1		BADGE 2		FM		DIS		AFIS NUMBER	
29	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)		MULTIPLE <input type="checkbox"/> MULTIPLE ARREST <input type="checkbox"/> COUNT 1 INDICATOR <input type="checkbox"/> N/A		CLEAR <input type="checkbox"/> Y INDICATOR <input type="checkbox"/> N		UPON ARREST ARMED WITH (ENTER "A" IF AUTO)		01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN		13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM		20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES		ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT		DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL	
30	INVESTIGATING OFFICER(S): DDN					REVIEWED BY:					ATTENTION TO:							

TROY POLICE DEPT.

 500 W. Big Beaver, Troy, MI 48064
 ORI #MI6378400

NARRATIVE REPORT

X SUPP ___ CORR ___ DELETE PAGE 3 of 3

01	DATE 4/24/01	DAY Tue	SHIFT 09	PLAT 99	BADGE 1 006	BADGE 2	INCIDENT STATUS ___ CLR ARREST ___ UNF ___ CLR EXCEPT ___ INACT	PRIM CLASS	YEAR 01	INCIDENT # 14106

Directed Patrol Unit Officers Sgt Avery, Ofc's Wolfe, Bragg, Cascioli and Barton working liquor compliance checks with student enforcement aide Mathew Arnold, DOB 4-21-82.

On 4/24/01 at 2005 hrs, Arnold entered the Rite Aid Pharmacy at 3986 John R Rd. Arnold selected the listed bottle of Beringer's White Wine and took it to the check out counter. Arnold presented the wine for purchase to cashier Hannah Hajaij. Hajaij rang up the purchase without requesting identification from Arnold, or making an inquiry as to his age. The sale was then completed, and Arnold left the store with the wine.

Hajaij was contacted by Ofc's Bragg and Wolfe and advised of the violation. Hajaij was unable to account for her actions other than to say that she had only been on the job for two weeks, and that she had been very busy at the time Arnold brought the wine to her register.

Hajaij was issued Citation No. 624951 for Furnishing Alcohol to a Minor. The wine was tagged and entered into property room locker No. 1 (Tag No. 112819)

Bragg/wolfe	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO

NARRATIVE REPORT
WITNESS STATEMENT

☐ SUPP ☐ CORR ☐ DELETE PAGE 1 OF 1

01	DATE	DAY	SHIFT	PLAT	BADGE 1	BADGE 2	INCIDENT STATUS	PRIM CLASS	YEAR	INCIDENT #
	04/24/01	TUE	09	99	105	06	<input type="checkbox"/> CLR ARREST <input type="checkbox"/> CLR EXCEPT	<input type="checkbox"/> UNF <input type="checkbox"/> INACT		9/1/14/06

02 Statement of: MATTHEW ARNOLD Home Phone: (248)288-1069
(PLEASE PRINT)

03 Address: 500 W Big Beaver Business Phone:

04 City: TROY State: MI Zip: 48098

05
06 I, MATTHEW ARNOLD, walked into Rite Aid on John R, WENT
07 INTO THE BACK OF THE STORE AND GRABBED A BOTTLE OF WINE.
08 I THEN PERCEDED TO FRONT OF STORE WHERE A FEMALE ABOUT 5'6"
09 WITH BLACK HAIR RANG UP THE BOTTLE WITHOUT ASKING FOR I.D.
10 I THEN WALKED OUT OF THE STORE AND HANDED THE BOTTLE OVER TO THE
11 OFFICERS.

27 X: [Signature]
(SIGNATURE)

28 Taken By: [Signature]
(SIGNATURE)

29 Place: STATION Date: 4-24-01 Time: 2130

INVESTIGATING OFFICER(S) REVIEWED BY ASSIGNED TO / BADGE ATTENTION TO

OPV

State of Michigan		Ticket No. Nº 524951		<input type="checkbox"/> Victim Involved	
Uniform Law Citation		Incident No. 01-14106		Dept. No. 784	
US DOT #		Local Use/Arrest No.		Detection Device	
The People of: <input type="checkbox"/> the State of Michigan		BAC		1 of 1	
<input type="checkbox"/> Township <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> County		TROY			
OF:					
THE UNDERSIGNED SAYS THAT ON:		Month 4 Day 24 Year 01	At approximately 8:10 A.M.	Date Month 9 Day 28 Year 82	
State Driver's License Number		Social Security No.			
MT H 220 298 014 749					
Race W	Sex F	Height	Weight	Hair	Eyes
Occupation/Employer					
Name (First, Middle, Last) HANNAH E HEJAIS					
Street 2346 MICHAEL PR.					
City STERLING HTS		State MI		Zip Code 48310	
Vehicle Plate No.		Year	State	Vehicle Description (Year, Make, Color)	
THE PERSON NAMED ABOVE, in violation of <input checked="" type="checkbox"/> Local Ordinance <input type="checkbox"/> State Law <input type="checkbox"/> Administrative Rule					
UPON 3986 JOHN R.					
AT OR NEAR RITE AID					
WITHIN <input checked="" type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWNSHIP OF TROY					
COUNTY OF OAKLAND DID THE FOLLOWING:					
Type		MCL Cite/PACC Code/Ordinance	Description (include any bond amount collected on each charge)	Charge No.	
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend.			FURNISHING ALCOHOL TO MINOR	1	
<input checked="" type="checkbox"/> Misd <input type="checkbox"/> Fug 9.77.3				2	
<input type="checkbox"/> Fel <input type="checkbox"/> Waiv				3	
TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.					
Offense Code(s)					
1 2 3					
Key for Type C/I = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive					
Waiv = Violation for Which Fines/Costs May be Waived Authorization pend. = Authorization pending					
Remarks 810-268-8318					
WORKS 2 WEEKS					
NOT FAMILAR w/ PROCEEDURE					
CHECK IF APPROPRIATE <input type="checkbox"/> Damage to Property <input type="checkbox"/> Local Court Bond \$					
<input type="checkbox"/> Vehicle Impounded <input type="checkbox"/> Injury <input type="checkbox"/> License Posted In Lieu of Bond					
<input type="checkbox"/> Traffic Crash <input type="checkbox"/> Death <input type="checkbox"/> Appearance Certificate					
Person in Active Military Service <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> None					
SEE DATE BELOW - SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS					
<input checked="" type="checkbox"/> Appearance Date on or before 5-10-01					
<input type="checkbox"/> Hearing Date (if applicable) on <input type="checkbox"/> Contact Court					
<input type="checkbox"/> Juvenile Traffic Misd. (Court will Notify) <input type="checkbox"/> Formal Hearing Required (Court will Notify)					
In the 52-4 DISTRICT		Court of OAKLAND COUNTY			
Court Address & Phone Number					
520 W. BIG BEAVER RD., TROY, MICHIGAN 48084					
PHONE: (248) 528-0400					
<input type="checkbox"/> I served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable).					
I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.					
Complainant's Signature and receipt if applicable			Month 4 Day 24 Year 01		
WOLFE / BRAB6			Officer's ID No. 105/06		
Agency ORI MI- 6378400			Agency Name TROY POLICE DEPARTMENT		
UC-01a (rev. 11/95)			Court Copy 1		

PRESS - YOU ARE MAKING FIVE COPIES
ORDER BY FORM NO. M76 (Revised 11/95)
Doubleday Bros. & Co., Kalamazoo, MI (616) 381-1040, (800) 632-2259

NOTICE OF SCHEDULED HEARING
(Authorized by M.A.C R436.1909)
July 11, 2001

TO: TROY POLICE DEPARTMENT
500 W. BIG BEAVER
TROY, MI 48084

RE: RITE AID OF MICHIGAN, INC
D/B/A RITE AID DISCOUNT
PHARMACY #4268
3986 JOHN R.
TROY, MI 48083
Complaint No. 1-61056

A complaint has been filed against the above licensee alleging: SALE TO MINOR,
MATTHEW ARNOLD (19): April 24, 2001

This matter is being scheduled for hearing at the following location, date, and time:

LIQUOR CONTROL COMMISSION
24155 DRAKE ROAD
FARMINGTON, MI 48335-3168

MONDAY
AUGUST 13, 2001
10:00 A.M.

The officer(s) listed below are requested to attend the hearing and bring whatever evidence they have in connection with the case: ***Please review charges and witnesses on the attached Complaint and contact this office immediately if you have any questions.**

PO Robert Wolfe

Enclosed are subpoenas for the witnesses involved in this case. We request they be served by your agency. Please notify this office a minimum of three working days prior to the scheduled date of hearing if you are unable to serve the subpoenas.

MATTHEW ARNOLD
C/O TROY POLICE DEPARTMENT

Any request for postponement must be in writing and must be received **in this office no less than two working days prior to the date of the hearing** as required by Rule 434.1931 of the Hearings and Appeal Practice Rules. If you have any questions, contact the Hearings and Appeals Section at (517) 322-1390. Our office hours are 8:00 a.m. to 5:00 p.m. Monday through Friday.

MICHIGAN LIQUOR CONTROL COMMISSION

Susan K. Conklin, Supervisor
Hearings and Appeals Section

SKC:wls
enclosure

cc: PO Robert Wolfe



State of Michigan
John Engler, Governor

Department of Consumer & Industry Services
Kathleen M. Wilbur, Director

Liquor Control Commission
7150 Harris Drive
P.O. Box 30005
Lansing, Michigan 48909-7505
(517) 322-1345

September 20, 2001



DISMISSED.
AIDE FTA

RITE AID OF MICHIGAN, INC.
D/B/A RITE-AID DISCOUNT PHARMACY #4268
3986 JOHN R
TROY, MI 48083

RE: Complaint No. 1-61056

Dear Licensee:

Enclosed is a copy of the Administrative Law Judge's Order in the above matter.
We are closing our files accordingly.

Should any questions arise regarding this matter, please contact Hearings and Appeals at (517) 322-1390. Our office hours are from 8:00 a.m. to 5:00 p.m.

Sincerely,

MICHIGAN LIQUOR CONTROL COMMISSION

Susan K. Conklin
Supervisor

SKC:jcc

c: Troy Police Department ✓
Atty. John Doyle
Home office

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES
LIQUOR CONTROL COMMISSION

IN RE: RITE AID OF MICHIGAN, INC.
D/B/A RITE-AID DISCOUNT PHARMACY #4268
3986 JOHN R
TROY, MI 48083

HEARING: AUGUST 13, 2001
PLACE: FARMINGTON
COMPLAINT NO. 1-61056
BUSINESS I.D. #: 9794
SDD SDM SS

CHARGES - April 24, 2001

- (1) Sell, furnish or give away alcoholic liquor to a person, Matthew T. Arnold, date of birth April 21, 1982, who had not then attained the age of twenty-one (21) years, contrary to Const 1963, art 4, § 40 and contrary to Section 801(2) and/or Section 701(1) of the Michigan Liquor Control Code, MCL 436.1801(2) and/or MCL 436.1701(1).

FINDINGS OF FACT

John Doyle, an officer of and attorney for the above named License Corporation, appeared before this Administrative Law Judge and entered a plea of denial to the charge stated in Case No. 1-61056 pursuant to Rule R 436.1909 of the Michigan Liquor Control Commission (MLCC).

Attorney Doyle, moved that the charge be dismissed for lack of sufficient evidence to substantiate said charge when the main witness, to wit: Matthew Arnold, failed to appear for the hearing. Assistant Attorney General Charles Donahue, who represented all law enforcement agencies in this matter, did not oppose said motion, explaining to the Administrative Law Judge that in his opinion it would not be possible to secure the presence of said witness, at this hearing or any future scheduled hearing on this matter.

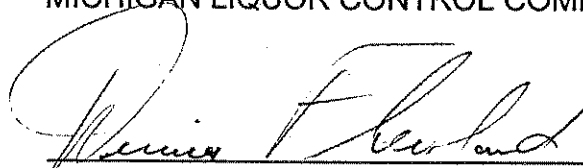
CONCLUSIONS OF LAW

Based upon the aforementioned Findings of Fact, the Administrative Law Judge concludes that the Licensed Corporation in Case No. 1-61056, did violate Section 801(2), of the Michigan Liquor Control Code, MCL 436.1801(2), as cited in the charge of the Complaint in this matter.

ORDER

The Administrative Law Judge Orders the charge stated in the above Complaint **DISMISSED** without prejudice.

MICHIGAN LIQUOR CONTROL COMMISSION



Dennis Flessland, Administrative Law Judge

Dated: September 10, 2001

Charles Donahue
Assistant Attorney General
24155 Drake Road
Farmington, MI 48335-3168

John J. Doyle
Attorney at Law
2400 Science Parkway, Suite #1-B
Okemos, MI 48864

DF: 1-61056



**City of
Troy**

Charles T Craft, Chief of Police
500 West Big Beaver Road
Troy, Michigan 48084
(248) 524-3443

MEMORANDUM

SUPPORT SERVICES DIVISION

DATE: January 29, 2002
TO: Jackie, Law Dept
FROM: Sgt. George Zielinski
SUBJECT: Summons' Dispositions

Hi Jackie
Can I get the Summons' Dispositions (if adjudicated) for the following Liquor violations? Thanks.

As requested!

Summons Number	Date	Defendant	Disposition
624951	04/24/01	Hejais, Hannah	Pled Guilty \$75 fine
618111	04/24/01	Badgero, Pamela	Pled Guilty \$50 fine
618112	05/03/01	Radzio, Andrzen	Pled Guilty \$250 fine
632133	08/17/01	Cocuzza, Angela	PUA 6 mo. Set for 6-10-02
618101	05/03/01	Almbida, Cleofas	Pled Guilty \$75 fine
618107	08/17/01	Choi, Mi	Pled Guilty \$150 fine
618102	08/17/01	Ducato, Joseph	Pled Guilty \$250 fine
632140	09/25/01	Chidyausiku, Rason	PUA 12 mo Set for 12-7-02
632142	09/25/01	Mikha, Luay	Pled Guilty \$50 fine
618108	09/25/01	Kaur, Rajandeep	Bench Trial 2-12-02 / Bolle
632144	10/05/01	Lawson, Chad	Pled Guilty \$250 fine

Jackie

February 15, 2002

Rite Aid Discount Pharmacy #4268
Rite Aid of Michigan, Inc.
3986 John R
Troy, Michigan 48083

Re: Liquor License: Rite Aid Discount Pharmacy #4268
3986 John R
Troy, Michigan 48083

Pursuant to Chapter 92, Section 9.84 of the Code of the City of Troy, a Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Wednesday, February 27, 2002 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the revocation of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

License Type: SDD 11763-2000 & SDM 4339-2000
Violation Name: Sale to Minor
Violation Date(s): April 24, 2001

You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

Sincerely,

Barbara A. Holmes
Deputy City Clerk

February 15, 2002

John J. Doyle
Attorney at Law
2400 Science Parkway-Suite #1-B
Okemos, Michigan 48864

Re: Liquor License: Rite Aid Discount Pharmacy #4268
3986 John R
Troy, Michigan 48864

Pursuant to Chapter 92, Section 9.84 of the Code of the City of Troy, a Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Wednesday, February 27, 2002 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the revocation of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

License Type: SDD 11763-2000 & SDM 4339-2000
Violation Name: Sale to Minor
Violation Date(s): April 24, 2001

You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

Sincerely,

Barbara A. Holmes
Deputy City Clerk

7-Eleven
7-Eleven Division
5020 John R
Troy MI 48098
SDM 13474-2000
Sale to Minor

LCC Liquor Licensee History

Business name: **7-Eleven**

Address: 5020 John R.

Licensee: Southland Corporation & A.R.M., Inc.

License type: **SDM** (13474-2000)

Permits: none

Comments:

Date	Troy Incident #	Type	Disposition	Date
8/14/82	82-19585	Sale to minor Compliance Insp	Fined \$200	11/8/83
5/27/88	88-15777	Sale to minor Compliance Insp	Fined \$300	10-25-88
12/10/88	88-39042	Sale to minor Compliance Insp	Fined \$500	12/26/89
10/26/89	89-33816	Sale to minor Compliance Insp	Fined \$500	5/17/90
7/30/90		License suspended 14 days effective (3rd violation in 24 months)	7/23/90	
2/22/91	91-5010	Sale to minor	Fined \$200	9/4/91
5/23/91	91-14242	Sale to minor Compliance Insp	Fined \$1000	11/18/91
10/14/91		David & Betty Stichler added as Co-Licensees		
9/29/95	95-35602	Sale to minor (Compliance Insp)	Fined \$300.	1/16/96
3/18/96	95-35602	Council hearing	Retrn all over 1yr, Retrn yearly.	
2/4/98		Betty & David Stichler dropped as co-licensees		
6/15/98		Anthony Maciejewski Added as co-licensee		
08/21/98	MLCC	Sale to Minor (Compliance Insp.)	Pending	

10/28/98	98-43640	Sale to Minor (Compliance Insp.)	\$700 fine
03/22/98		City Council resolves TIPS/TAM training for all emps with annual re-certification to police dept.	
06/01/99	99-20337	Liquor Inspection (Road Patrol)	NO VIOLATIONS
07/13/99	99-26567	Liquor Inspection (Road Patrol)	NO VIOLATIONS
06/22/99	99-23592	Compliance Test	PASSED
08/11/99		Reminder letter sent for proof, deadline 09/01/99	
09/01/99		Proof received TIPS trained on 06/01/99	
10/27/99	NONE	Compliance Test	PASSED
11/17/99	99-44050	Liquor Inspection (Road Patrol)	NO VIOLATIONS
02/04/00		A.R.M. added as co-licensee, Anthony R. Maciejewski dropped as co-licensee	
03/10/00	00-08360	Sale to Minors (FOP – DPU)	\$3000 fine, 7 day suspension Drop ARM Inc as co-licensee 09/19/00
07/25/00	none	Compliance Test	PASSED
11/01/00	MLCC	MLCC approves ARM Inc. dropped as co-licensee w/o investigation	
11/15/00	00-42360	Compliance Test	PASSED

02/19/01		Council approves adding Mizan Rahman as Co-Licensee (see below)	
02/21/01	MLCC	SDM suspended for 10 days effective 03/12/01 for having “3 or more separate violations in a 24 month period from November 1998 thru September 2000	
02/28/01		Council Show Cause orders TIPS/TAM training for ALL employees with proof to PD within 60 days proof rec'd 04/27/01	
04/13/01	MLCC	MLCC denies adding Mizan Rahman due to prior Domestic conviction in FL	
04/27/01		Proof received TIPS	
05/21/01		Reminder letter sent for proof of TIPS	
06/20/01		MLCC rescinds RAHMAN denial and approves him as co-licensee	

08/14/01	01-29128	Compliance Test	PASSED
09/25/01	01-34452	Sale to Minor (Compliance Test)	pending

10/31/01	01-39274	Liquor Inspection (Road Patrol)	NO VIOLATIONS
01/03/02	02-00238	Liquor Inspection (Road Patrol)	NO VIOLATIONS

7-ELEVEN
5020 JOHN R RD

2001 INCIDENT HISTORY

Complaint Number	Report Date	Description
01-26000	07/22/01	Malicious Destruction of Property
01-26245	07/24/01	Retail Fraud III
01-30509	08/25/01	Retail Fraud III
01-34457	09/25/01	LCC Violation
01-39194	10/30/01	Suspicious Circumstances
01-40692	11/11/01	Retail Fraud III

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48084-5285
ORI # MI6378400

INCIDENT REPORT

SUPP ☐

PAGE 1 OF 1

01	DATE 09/25/01	DAY TUE	SHIFT 09	PLATOON 99	BADGE 1 006	BADGE 2 105	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 01	INCIDENT NUMBER 34452
02	RECEIVED 1930	DISPATCHED	ARRIVED	COMPLETED	DATE(S) OCCURRED 09/25/01	TIMES(S) OCCURRED 1930	ASSIGNED HOUR / DAY 19 TUE			
03	LOCATION / ADDRESS 5020 JOHN R RD.		(DIRECTION, STREET, SUFFIX, QUALIFIER)		LOCATION 2 (INTERSECTING STREET)					
04	CITY TROY	STATE MI	ZIP 48098	CODE	BUSINESS NAME 7-11	BUSINESS PHONE				
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION CONVENIENCE STORE				ESTAB CODE 0210	ORIGIN <input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911 <input type="checkbox"/> FOP <input checked="" type="checkbox"/> OTHER	HOW ACTIVATED <input type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT <input type="checkbox"/> DISP <input checked="" type="checkbox"/> OTHER	PATROL 05	GEOGRAPHIC	
06	NATURE OF OFFENSE #1 LCC VIOLATION	ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input checked="" type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense) B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING	
07	NATURE OF OFFENSE #2	ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM	ACTIVITY		
08	NATURE OF OFFENSE #3	ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM	ACTIVITY		
09	NATURE OF OFFENSE #4	ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM	ACTIVITY	OFFENSE COMMENTS	

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (O) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE

V 10	CODE 8	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) ZBYRAD, TERRI	RAC WF	SEX F	DOB 02218318	AGE 18		
I 11	ADDRESS 500 W. BIG BEAVER	(DIRECTION, STREET, SUFFIX, QUALIFIER)		CITY TROY	STATE MI	ZIP 48084			
G 12	HOME PHONE	BUSINESS PHONE 524-3477	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. STUDENT ENFORCEMENT AIDE				
T 13	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	VICTIM TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF # /	FELONIOUS ASSAULT CIRCUMSTANCES
M 15	01 SPOUSE 02 CL SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER			

16	CODE 4.S	OFF # 01	NAME (LAST, FIRST, MIDDLE, SUFFIX) KAUR, RAJANDEEP	RAC WF	SEX F	DOB 02288219	AGE 19		
A 17	ADDRESS 1970 JONATHAN CIRCLE APT. 38B5	(DIRECTION, STREET, SUFFIX, QUALIFIER)		CITY UTICA	STATE MI	ZIP 48317			
R 18	HOME PHONE 810 323-2860	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE	
R 19	STATE MI	DRIVER'S LICENSE # K600730010153	SOC. SEC. #	SID #	FBI #				
E 20	PERSON COMMENTS / CLOTHING CASHIER			SUMMONS / CITATION NUMBER(S) 618108					
S 21	ARREST / SUMMONS DESCRIPTION FURNISH ALCOHOL TO A MINOR	ARREST CHARGE 1	ARREST DATE 09/25/01	PLATOON 99	BADGE 1 006	BADGE 2 105	FM M	DIS S	DEPARTMENT ARREST NUMBER
T 22	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
23	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE ARREST <input type="checkbox"/> COUNT 1 INDICATOR <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y INDICATOR <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> TEL	DISP <input type="checkbox"/> PER

CODES (H) HOLD (S) STOLEN (E) EVIDENCE (L) LOST (A) ATTACKED (R) RECOVERED (F) FOUND (C) CONFISCATED (I) IMPOUNDED (V) SUSPECT VEHICLE (B) BURNED (Y) FORGED / COUNTERFEITED										
24	CODES E	DESCRIPTION ALCOHOLIC BEVERAGE	PROPERTY TYPE	QUANTITY 6	YEAR	MAKE MIKE'S	MODEL HARD LEMONADE			
25	STYLE BLK/YEL	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.			
26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG # 114787	LOCATION PROPERTY DEPOSITORY	LEIN / NCIC REF #				
27	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED		
28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK 6 PACK w/ RECEIPT						SEIZED DRUGS	TYPE	AMOUNT	MEAS
29	INVESTIGATING OFFICER(S): DPU / BRAGG WOLFE				REVIEWED BY:	ATTENTION TO:				

TROY POLICE DEPT.

500 W. Big Beaver, Troy, MI 48064

NARRATIVE REPORT

SUPP

CORR

DELETE

PAGE 2 OF 2

ORI #MI6378400

01	DATE 9/25/01	DAY Tue	SHIFT 09	PLAT 99	BADGE 1 105	BADGE 2	INCIDENT STATUS CLR ARREST CLR EXCEPT	UNF INACT	PRIM CLASS	YEAR 01	INCIDENT # **34452
----	-----------------	------------	-------------	------------	----------------	---------	---	--------------	------------	------------	-----------------------

Directed Patrol Unit working Liquor Compliance Checks with Student Enforcement Aide Terry Zbryad (18).

Aide Zbryad entered the 7-11 at 5020 John R. Aide Zbryad selected a six-pack of Mike's Hard Lemonade and placed it on the counter for purchase. Clerk Rajandeep Kaur asked Aide Zbryad for her identification. Aide Zbryad stated she did not have her I.D. with her but her birth date was 2-21-83. After a brief hesitation, clerk Kaur completed the transaction.

In speaking with clerk Kaur, she stated she did ask for identification but could not explain why she did not require Aide Zbryad to show identification. Clerk Kaur was issued citation for Furnishing Alcohol to Minor. LCC form completed. The six-pack of Mike's Hard Lemonade and the receipt was confiscated, tagged and placed into property.

INVESTIGATING OFFICER(S)

WOLFE #105

REVIEWED BY

ASSIGNED TO/BADGE

ATTENTION TO

NARRATIVE REPORT
WITNESS STATEMENT

☐ SUPP ☐ CORR ☐ DELETE

PAGE 1 OF 1

01	DATE 9/25/01	DAY TUE	SHIFT 07	PLAT 99	BADGE 1 105	BADGE 2 00	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEAR 01	INCIDENT # 34452
----	-----------------	------------	-------------	------------	----------------	---------------	---	------------	------------	---------------------

02 Statement of: Terri Zbyrad 2-21-83 Home Phone:

03 Address: 500 Big Beaver Rd. Business Phone: 524-3477

04 City: Troy State: MI Zip: 48084

05
06 I Terri Zbyrad, entered 7 Eleven on 5020
07 John R. Rd September 25th, 2001 at about 7:30pm
08 I picked out a 6 pack of Mike's Hard Lemonade
09 and took it to the counter. The lady asked for
10 my I.d, when I told her I didn't have it I
11 said my Date of Birth was February 21, 1983
12 She hesitated for a moment then rang me
13 up. She was about 5'6", dark complected
14 with dark hair pulled back into a ponytail. Then
15 exited the store.

16
17
18
19
20
21
22
23
24
25
26
27
28 Taken By: [Signature] (SIGNATURE)
29 Place: STATION Date: 9-25-01 Time: 2037

INVESTIGATING OFFICER(S) DPV	REVIEWED BY	ASSIGNED TO / BADGE	ATTENTION TO
---------------------------------	-------------	---------------------	--------------



Michigan Department of Consumer & Industry Services

LIQUOR CONTROL COMMISSION (LCC)

7150 Harris Drive

P.O. Box 30005

Lansing, Michigan 48909-7505

Phone (517) 322-1390 ~ FAX (517) 322-6347

VIOLATION REPORT

(Authorized by P.A.58 of 1998)

*** Officers Please Obtain This Information From The License ***

License No. SDM 13474-2001 Business ID 16346 File # _____

(THIS INFORMATION NOT AVAILABLE ON LICENSE UNTIL 5/1/99)

MIZAN M. RAHMAN

1. Name of Licensee 7-11 INCORPORATED 2. Doing Business As 7-11

3. Mailing Address (street, city, zip code) 5020 JOHN R RD. TROY MI. 48098

4. Township _____ 5. County OAKLAND

6. Type of License(s) & Permit(s) SDM

7. Date of Violation: TUESDAY SEPTEMBER 25, 2001 7:30 AM or PM
(DAY) (DATE) (HOUR)

8. Violation Type: ☒ Minor
☐ Intoxicated Person ☐ After hours sales/consumption ☐ Gambling
☐ Fighting (must be inside licensed premises) ☐ Controlled Substances
☐ Failure to Cooperate ☐ Prohibited Conduct OTHER: _____

if MINOR: Birth date 2/21/83 Was this a DECOY ? ☒ Yes ☐ No If no, you MUST answer below:

IF above minor violation was not a decoy describe Enforcement Action Taken: _____

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 01-31452

Officer Signature Russell Bragg Name and Title (print) OFC. RUSSELL BRAGG

Officer Signature Robert Wolfe Name and Title (print) OFC. ROBERT WOLFE

Department Name _____ Phone # _____

WITNESSES

1. Name RAJANDEEP KAUR Address 1970 JONATHAN CIRCLE APT. 38B5

Will testify to: SALE TO MINOR

2. Name TERRI ZBYRAD Address 500 W. B. B. BEAVER

Will testify to: S.E.A. - SALE TO MINOR

3. Name P.O. ROBERT WELKE Address 500 W. B. B. BEAVER

Will testify to: SALE TO MINOR

4. Name P.O. RUSS BRABB Address 500 W. B. B. BEAVER

Will testify to: SALE TO MINOR

5. Name _____ Address _____

Will testify to: _____

EVIDENCE

Location Held: 1 - 6 pack MIKE'S HARD LEMONADE : PROPERTY ROOM

1 - RECEIPT : PROPERTY ROOM

State of Michigan
Uniform Law Citation

US DOT # _____ Incident No. **01-34452** Dept. No. **789**

The People of: ☐ the State of Michigan
☐ Township ☒ City ☐ Village ☐ County

OF: **TROY** BAC **1** of **1**

THE UNDERSIGNED SAYS THAT ON: Month **9** Day **25** Year **01** At approximately ☐ A.M. ☒ P.M. Date Month **2** Day **28** Year **88**

State **MI** Driver's License Number **K 600 730 010 153** Social Security No. _____

Race **W** Sex **F** Height _____ Weight _____ Hair _____ Eyes _____ Occupation/Employer _____

Name (First, Middle, Last) **RAJANDEEP KAUR**

Street **1970 JONATHAN CIR APT 3885**

City **UTICA** State **MI** Zip Code **48317**

Vehicle Plate No. _____ Year _____ State _____ Vehicle Description (Year, Make, Color) _____ Type _____

THE PERSON NAMED ABOVE, in violation of ☒ Local Ordinance ☐ State Law ☐ Administrative Rule
UPON **7-11**

AT OR NEAR **5020 J.R.**

WITHIN ☒ CITY ☐ VILLAGE ☐ TOWNSHIP OF **TROY**

COUNTY OF **OAKLAND** DID THE FOLLOWING:

Type	MCL Cite/PACC Code/Ordinance	Description (include any bond amount collected on each charge)	Charge No.
<input checked="" type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend.	9.77.3	FURNISH ALCOHOL TO MINOR	1
<input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv			2
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend.			3
<input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv			
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend.			
<input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv			

TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.

Offense Code(s)
1 _____ 2 _____ 3 _____

Key for Type C/I = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive
Waiv = Violation for Which Fines/Costs May be Waived Authorization pend. = Authorization pending

Remarks **810-323-2860**

"ASK FOR I.D. Δ STIMED SHE LOST IT 6 AVE HER P.O.B." (VERBALLY)

CHECK IF APPROPRIATE ☐ Damage to Property ☐ Local Court Bond \$ _____
☐ Vehicle Impounded ☐ Injury ☐ License Posted In Lieu of Bond
☐ Traffic Crash ☐ Death ☐ Appearance Certificate
Person in Active Military Service ☐ Yes ☐ No ☐ None

SEE DATE BELOW, SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS.
☒ Appearance Date on or before **10-10-01**
☐ Hearing Date (if applicable) on _____ ☐ Contact Court
☐ Juvenile Traffic Misd. (Court will Notify) ☐ Formal Hearing Required (Court will Notify)

In the **52-4** DISTRICT Court of **OAKLAND COUNTY**

Court Address & Phone Number
520 W. BIG BEAVER RD., TROY, MICHIGAN 48084
PHONE: (248) 528-0400

☐ I served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable).
I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.

Complainant's Signature and receipt if applicable
WOLFE / BRAB6 Month **9** Day **25** Year **01**

Officer's Name (printed) **WOLFE / BRAB6** Officer's ID No. **105106**

Agency ORI **MI-6378400** Agency Name **TROY POLICE DEPARTMENT**

UC-01a (rev. 11/95) Court Copy 1

PRESS - YOU ARE MAKING FIVE COPIES
ORDER BY FORM NO. M76 (Revised 11/95)
Doubleday Bros. & Co., Kalamazoo, MI (616) 381-1040, (800) 632-2259



City of
Troy

Charles T Craft, Chief of Police
500 West Big Beaver Road
Troy, Michigan 48084
(248) 524-3443

MEMORANDUM

SUPPORT SERVICES DIVISION

DATE: January 29, 2002

TO: Jackie, Law Dept

FROM: Sgt. George Zielinski

SUBJECT: Summons' Dispositions

Hi Jackie-

Can I get the Summons' Dispositions (if adjudicated) for the following Liquor violations? Thanks.

As requested!

Summons Number	Date	Defendant	Disposition
624951	04/24/01	Hejaïs, Hannah	Pled Guilty \$75 fine
618111	04/24/01	Badgero, Pamela	Pled Guilty \$50 fine
618112	05/03/01	Radzio, Andrzen	Pled Guilty \$250 fine
632133	08/17/01	Cocuzza, Angela	PUA 6 mo. Set for 6-10-02
618101	05/03/01	Almbida, Cleofas	Pled Guilty \$75 fine
618107	08/17/01	Choi, Mi	Pled Guilty \$150 fine
618102	08/17/01	Ducato, Joseph	Pled Guilty \$250 fine
632140	09/25/01	Chidyausiku, Rason	PUA 12 mo Set for 12-7-02
632142	09/25/01	Mikha, Luay	Pled Guilty \$50 fine
618108	09/25/01	Kaur, Rajandeep	Bench Trial 2-12-02 / Bolle
632144	10/05/01	Lawson, Chad	Pled Guilty \$250 fine

Jackie

February 15, 2002

7-Eleven
7-Eleven Division
5020 John R
Troy, Michigan 48098

Re: Liquor License: 7-Eleven
5020 John R
Troy, Michigan 48098

Pursuant to Chapter 92, Section 9.84 of the Code of the City of Troy, a Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Wednesday, February 27, 2002 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the revocation of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

License Type: SDM 13474-2000
Violation Name: Sale to Minor
Violation Date(s): September 25, 2001

You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

Sincerely,

Barbara A. Holmes
Deputy City Clerk

February 15, 2002

Southland Corporation
7-Eleven Division
19500 Victor Parkway
Livonia, Michigan 48152-1083

Re: Liquor License: 7-Eleven
5020 John R
Troy, Michigan 48152-1083

Pursuant to Chapter 92, Section 9.84 of the Code of the City of Troy, a Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Wednesday, February 27, 2002 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the revocation of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

License Type: SDM 13474-2000
Violation Name: Sale to Minor
Violation Date(s): September 25, 2001

You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

Sincerely,

Barbara A. Holmes
Deputy City Clerk

Rite Aid Discount Pharmacy #4305

Rite Aid of Michigan, Inc.

2971 W Maple

Troy MI 48084

SDD 10077-2001 & SDM 4978-2001

Sale to Minor

LCC

Liquor Licensee History

Business name: **Rite Aid #4305**

Address: 2971 W. Maple (248)

Licensee: Rite Aid of Michigan

License type: **SDD (10077-2000) SDM (4978-2000)**

Permits: Sunday Sales

Comments: John Doyle, Atty,

Date	Troy Incident #	Type	Disposition	Date
1966		Licensed		
08/22/81	81-20315	Sale to minor	Fined \$150.	09/21/81
08/22/81	81-20316	Sale to minor	Fined \$150.	09/24/81
03/03/89	89-6169	Sale to minor Controlled Buy	Fined \$300.	01/05/90
10/26/89	89-33819	Sale to minor (Compliance test)	Fined \$600.	08/09/90
08/02/91	91-22546	Sale to minor	Fined \$1000. 2 Day Suspension	01/07/93 1/29-2/1/93
10/04/91	91-29567	Sale to minor	Fined \$1000.	06/08/92
02/06/92	92-3393	Sale to minor Compliance Test	Fined \$1000. 3daysuspension appealed 1 day suspension	01/07/93 04/14/93 05/21/93
04/13/92		Council resolution to revoke license		
06/25/92	92-18046	Sale to minor	Fined \$300.	01/28/93
9/28/98		Council approves move from 2830 to 2971 W. Maple		
03/05/99	99-08531	Compliance Test	PASSED	
06/23/99	99-23661	Compliance Test	PASSED	
10/27/99	99-41272	Sale to Minor (Compliance Test)	\$400	03/13/00

12/01/99	99-45848	Liquor Inspection (Road Patrol)	NO VIOLATIONS
07/25/00	none	Compliance Test	PASSED
11/15/00	00-42342	Compliance Test	PASSED
01/20/01	01-02362	Liquor Inspection (Road Patrol)	NO VIOLATIONS
03/20/01	01-09612	Liquor Inspection (Road Patrol)	NO VIOLATIONS
06/16/01	01-21245	Liquor Inspection (Road Patrol)	NO VIOLATIONS
08/14/01	01-29120	Compliance Test	PASSED
09/11/01	01-32697	Liquor Inspection (Road Patrol)	NO VIOLATIONS
09/25/01	01-34449	Sale to Minor (Compliance Test)	pending
10/20/01	01-37851	Liquor Inspection (Road Patrol)	NO VIOLATIONS
01/04/02	02-00360	Liquor Inspection (Road Patrol)	NO VIOLATIONS

RITE AID PHARMACY
2871 W MAPLE RD

2001 INCIDENT HISTORY

Complaint Number	Report Date	Description
01-06261	02/21/01	Credit Card/Financial Transaction Device Use
01-34449	09/25/01	LCC Violation

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48064-5285
ORI # M16378400

INCIDENT REPORT

SUPP ☐

PAGE 1 OF 3

01	DATE 0.9.25.01	DAY TUE	SHIFT 05	PLATOON 99	BADGE 1 070	BADGE 2 042	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 01	INCIDENT NUMBER 113445	
02	RECEIVED 1830	DISPATCHED 18	ARRIVED —	COMPLETED 1855	DATE(S) OCCURRED 0.9.25.01	TIMES(S) OCCURRED 1830	ASSIGNED HOUR / DAY 1800				
03	LOCATION / ADDRESS 2971 W MAPLE						LOCATION 2 (INTERSECTING STREET)				
04	CITY Troy	STATE	ZIP	CODE L	BUSINESS NAME RITE AID	BUSINESS PHONE					
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION Drug Store				ESTAB CODE 0210	ORIGIN <input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911 <input type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT <input type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT <input type="checkbox"/> DISP <input type="checkbox"/> OTHER	PATROL 07				
06	NATURE OF OFFENSE #1 LCC VIOLATION			ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense) B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING
07	NATURE OF OFFENSE #2 ORDINANCE VIOLATION			ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	
08	NATURE OF OFFENSE #3			ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	
09	NATURE OF OFFENSE #4			ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	OFFENSE COMMENTS

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (O) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE

V 10	CODE 48	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) LAMERATO ANTHONY	RAC WM	SEX M	DOB 03.17.83	AGE 19
I 11	ADDRESS 500 W B.6 BEAVER		CITY Troy	STATE MI	ZIP		
C 12	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.		

T 13	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	VICTIM TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIGIOUS <input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> OTHER <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY <input type="checkbox"/> NONE <input type="checkbox"/> BROKEN BONE <input type="checkbox"/> MINOR INJURY <input type="checkbox"/> MAJOR INJURY <input type="checkbox"/> POSS. INT. INJURIES <input type="checkbox"/> SEVERE LACERATION <input type="checkbox"/> LOSS OF TEETH <input type="checkbox"/> UNCONSCIOUSNESS <input type="checkbox"/> FATAL
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY 01 SPOUSE 05 CHILD 09 STEPPARENT 02 C-L SPOUSE 06 GRANDPARENT 10 STEPCHILD 03 PARENT 07 GRANDCHILD 11 STEPSIBLING 04 SIBLING 08 IN-LAW 12 OTHER FAMILY		
M 15	OUTSIDE FAMILY, BUT KNOWN 20 ACQUAINTANCE 24 BOY / GIRL FRIEND 26 EMPLOYEE 21 FRIEND 25 CHILD OF "BG" ABOVE 29 EMPLOYER 22 NEIGHBOR 26 HOMOSEXUAL REL. 30 OTHERWISE KNOWN 23 BABYSITTEE (baby) 27 EX-SPOUSE 31 VICTIM WAS OFFENDER		

16	CODE 45	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX) CHIDYAVSIKU RASON ANESU	RAC BM	SEX M	DOB 05.26.80	AGE 21	
A 17	ADDRESS 716 COACHMAN		CITY Troy	STATE MI	ZIP 48063			
R 18	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
R 19	STATE DRIVER'S LICENSE # W1C322730067356		SOC. SEC. #	SID #	FBI #			
E 20	PERSON COMMENTS / CLOTHING			SUMMONS / CITATION NUMBER(S) 632140				

S 21	ARREST / SUMMONS DESCRIPTION Furnish Alcohol to minor	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
T 22	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
23	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input checked="" type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST <input type="checkbox"/> UNARMED <input type="checkbox"/> ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL

24	CODES E	DESCRIPTION NEW	PROPERTY TYPE	QUANTITY	YEAR	MAKE BUD LIGHT	MODEL 2202			
25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.			
26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG # 114792	LOCATION PROPERTY P.R.	LEIN / NCIC REF #				
27	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED		
28	COMMENTS / INSURANCE COMPANY / LIEN HOLDER / BANK PURCHASED AT RITE AID BY LAMERATO						SEIZED DRUGS	TYPE	AMOUNT	MEAS
29	INVESTIGATING OFFICER(S): C. BROWN A. CASCIOL: 42				REVIEWED BY: WLA # 224		ATTENTION TO:			

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48064-5285

ORI # M16378400

PERSON REPORT

SUPP

PAGE 2 OF 3

01	DATE 09.25.01	DAY TUE	SHIFT 0955	PLATOON 070	BADGE 1 042	BADGE 2	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 01	INCIDENT NUMBER 34445																									
CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (10) JUV ARREST (11) DRIVER (12) PASSENGER (13) SUMMONED (14) RESPONSIBL																																			
V 02	CODE 4	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) BAIZE TRACY					RAC CM	SEX	DOB	AGE																								
I 03	ADDRESS 2971		(DIRECTION, STREET, SUFFIX, QUALIFIER) W MADE					CITY Troy		STATE	ZIP																								
G 04	HOME PHONE		BUSINESS PHONE		STATE		DRIVER'S LICENSE #		PERSON COMMENTS / OTHER I.D. STORE MGR of REA																										
T 05	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		VICTIM TYPE <input type="checkbox"/> 1 INDIVIDUAL <input type="checkbox"/> 2 BUSINESS		F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS		S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER		VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE		M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL																					
I 06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY					OUTSIDE FAMILY, BUT KNOWN					NOT KNOWN		REL / OFF #		FELONIOUS ASSAULT CIRCUMSTANCES																				
M 07	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING					05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW					09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY					20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITTEE (baby)					24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE					28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER					98 STRANGER 99 UNKNOWN		REL / OFF #		FELONIOUS ASSAULT CIRCUMSTANCES
V 08	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)					RAC	SEX	DOB	AGE																								
I 09	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)					CITY		STATE	ZIP																								
G 10	HOME PHONE		BUSINESS PHONE		STATE		DRIVER'S LICENSE #		PERSON COMMENTS / OTHER I.D.																										
T 11	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		VICTIM TYPE <input type="checkbox"/> 1 INDIVIDUAL <input type="checkbox"/> 2 BUSINESS		F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS		S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER		VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE		M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY		I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION		T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS		F <input type="checkbox"/> FATAL																		
I 12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY					OUTSIDE FAMILY, BUT KNOWN					NOT KNOWN		REL / OFF #		FELONIOUS ASSAULT CIRCUMSTANCES																				
M 13	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING					05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW					09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY					20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITTEE (baby)					24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE					28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER					98 STRANGER 99 UNKNOWN		REL / OFF #		FELONIOUS ASSAULT CIRCUMSTANCES
14	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)					RAC	SEX	DOB	AGE																								
A 15	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)					CITY		STATE	ZIP																								
R 16	HOME PHONE		BUSINESS PHONE		HEIGHT		WEIGHT		EYES		HAIR COLOR / LENGTH / STYLE		BUILD		SKIN TONE																				
R 17	STATE		DRIVER'S LICENSE #		SOC. SEC. #		SID #		FBI #																										
E 18	PERSON COMMENTS / CLOTHING					SUMMONS / CITATION NUMBER(S)																													
S 19	ARREST / SUMMONS DESCRIPTION					ARREST CHARGE 1		ARREST DATE		PLATOON		BADGE 1		BADGE 2		FM		DIS		DEPARTMENT ARREST NUMBER															
T 20	ARREST / SUMMONS DESCRIPTION					ARREST CHARGE 2		ARREST DATE		PLATOON		BADGE 1		BADGE 2		FM		DIS		AFIS NUMBER															
21	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)		MULTIPLE ARREST INDICATOR <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A		CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N		UPON ARREST ARMED WITH (ENTER "A" IF AUTO)		01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN		13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM		20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES		ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT		DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL																		
22	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)					RAC	SEX	DOB	AGE																								
A 23	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)					CITY		STATE	ZIP																								
R 24	HOME PHONE		BUSINESS PHONE		HEIGHT		WEIGHT		EYES		HAIR COLOR / LENGTH / STYLE		BUILD		SKIN TONE																				
R 25	STATE		DRIVER'S LICENSE #		SOC. SEC. #		SID #		FBI #																										
E 26	PERSON COMMENTS / CLOTHING					SUMMONS / CITATION NUMBER(S)																													
S 27	ARREST / SUMMONS DESCRIPTION					ARREST CHARGE 1		ARREST DATE		PLATOON		BADGE 1		BADGE 2		FM		DIS		DEPARTMENT ARREST NUMBER															
T 28	ARREST / SUMMONS DESCRIPTION					ARREST CHARGE 2		ARREST DATE		PLATOON		BADGE 1		BADGE 2		FM		DIS		AFIS NUMBER															
29	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)		MULTIPLE ARREST INDICATOR <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A		CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N		UPON ARREST ARMED WITH (ENTER "A" IF AUTO)		01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN		13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM		20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES		ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT		DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL																		
30	INVESTIGATING OFFICER(S) C. Brown 70					REVIEWED BY:					ATTENTION TO:																								

TROY POLICE DEPT.500 W. Big Beaver, Troy, MI 48064
ORI #MI6378400**NARRATIVE REPORT**☒ SUPP ☐ CORR ☐ DELETEPAGE 1 OF 1

DATE	DAY	SHIFT	PLAT	BADGE 1	BADGE 2	INCIDENT STATUS	PRIM CLASS	YEAR	INCIDENT #
9/25/01	Tue	09	99	070		<input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT		01	34449

Directed Patrol Unit conducting liquor compliance test sent in student enforcement aide Anthony Lamerato w/m 03/17/83 (19 y/o) to the above location.

Lamerato selected the listed Bud Light beer and went to the register to purchase it. Lamerato gave the clerk a birthdate of 3-83-83 after he was asked for a birthdate. The clerk did not ask for any identification and the sale was completed. There is a sign posted in the store that you need to be born on or before this date 1980.

Officers spoke with the manager, Tracy Baize and the clerk, Rason Chidyausiku. Chidyausiku stated that he did not ask for identification and that he thought that the student enforcement aid was at least 30. Chidyausiku was issued a citation for furnishing/sell alcohol to minor. The store was issued a liquor violation, which will be filed with the Liquor Control Commission.

The beer was tagged and placed into evidence.

INVESTIGATING OFFICER(S)

C. Barton/A. Cascioli

REVIEWED BY

ASSIGNED TO/BADGE

ATTENTION TO

NARRATIVE REPORT
WITNESS STATEMENT

☐ SUPP ☐ CORR ☐ DELETE PAGE 1 OF 1

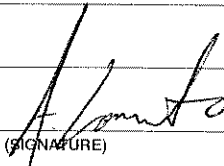
01	DATE 09/25/01	DAY TUE	SHIFT 09	PLAT 95	BADGE 1 070	BADGE 2	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEAR 01	INCIDENT # 34445
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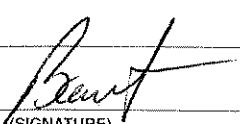
02 Statement of: Anthony Lamerato Home Phone: (248) 524-343

03 Address: (PLEASE PRINT) 500 W Big Beaver Business Phone:

04 City: Troy State: MI Zip:

05
06 I (Anthony Lamerato) brought the Bud Light
07 to the counter and the black male asked me
08 for my birthdate. I then told him it was
09 3-8-83 and then I purchased it,
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

27 X: 
(SIGNATURE)

28 Taken By: 
(SIGNATURE)

29 Place: 500 Date: 9-25-01 Time: 2236

INVESTIGATING OFFICER(S)  C Bent 70	REVIEWED BY	ASSIGNED TO / BADGE	ATTENTION TO
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Michigan Department of Consumer & Industry Services

LIQUOR CONTROL COMMISSION (LCC)

7150 Harris Drive
P.O. Box 30005
Lansing, Michigan 48909-7505
Phone (517) 322-1390 ~ FAX (517) 322-6347

VIOLATION REPORT

(Authorized by P.A.58 of 1998)

*** Officers Please Obtain This Information From The License ***

SDD
License No. 10077-2001 SS Business ID 9143 File #
SDM 4978-2001
(THIS INFORMATION NOT AVAILABLE ON LICENSE UNTIL 5/1/99)

1. Name of Licensee RITE AID 2. Doing Business As RITE AID
3. Mailing Address (street, city, zip code) 2971 W. MAPLE 48084
4. Township _____ 5. County OAKLAND
6. Type of License(s) & Permit(s) SDD, SDM, SUNDAY SALES
7. Date of Violation: TUE 9-25-01 6:40 AM or PM
(DAY) (DATE) (HOUR)
8. Violation Type: ☒ Minor
☐ Intoxicated Person ☐ After hours sales/consumption ☐ Gambling
☐ Fighting (must be inside licensed premises) ☐ Controlled Substances
☐ Failure to Cooperate ☐ Prohibited Conduct OTHER: _____

if MINOR: Birth date 3-17-83 Was this a DECOY? ☒ Yes ☐ No If no, you MUST answer below:

IF above minor violation was not a decoy describe Enforcement Action Taken: _____

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 01-34449

Officer Signature [Signature] Name and Title (print) ANTONIO CASCIOLI (OFFICER)

Officer Signature _____ Name and Title (print) CARL BARTON (OFFICER)

Department Name TROY P.D. Phone # 524-3477

WITNESSES

1. Name TRACY BAIZE ^{STAFF}_{MEM.} Address 2971 W. MAPLE 288-4385

Will testify to: BEING ADVISED OF SITUATION BY P/O 2

2. Name RASON ANESY CHIDYANISIKU Address 716 COACAMAN APT 1

Will testify to: SELLING BUD LITE TO DEBY

3. Name _____ Address _____

Will testify to: _____

4. Name _____ Address _____

Will testify to: _____

5. Name _____ Address _____

Will testify to: _____

EVIDENCE

Location Held: 1 22 oz BOTTLE OF BUD LITE IN TROY EVIDENCE
LOCK-UP

State of Michigan
Uniform Law Citation
US DOT #

Incident No. 01-34449
Local Use/Arrest No. 8
Dept. No. 781

The People of: ☐ the State of Michigan
☐ Township ☒ City ☐ Village ☐ County

OF: TROY

THE UNDERSIGNED SAYS THAT ON: 9 25 01 At approximately 630 P.M. Date of Birth 5 26 60

State Driver's License Number 322730 067396 Social Security No. 111-11-1111

Race Sex Height Weight Hair Eyes Occupation/Employer

Name (First, Middle, Last) RASON ANESU CHIDYANUSIKU

Street 716 COACHMAN APT 1

City TROY State MI Zip Code 48083

Vehicle Plate No. Year State Vehicle Description (Year, Make, Color) Ty

THE PERSON NAMED ABOVE, in violation of ☒ Local Ordinance ☐ State Law ☐ Administrative

UPON 2971 W MARIE

AT OR NEAR RITE AID

WITHIN ☒ CITY ☐ VILLAGE ☐ TOWNSHIP OF TROY

COUNTY OF OAKLAND DID THE FOLLOWING

Type	MCL Cite/PACC Code/Ordinance	Description (include any bond amount collected on each charge)
<input checked="" type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend.	9.773	FAR TO MAKE D.L. LICENT
<input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv		INQUIRY - SOLD ALCOHOL TO MINOR
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend.		
<input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv		
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend.		
<input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv		

TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.

Offense Code(s) 1 2 3

Key for Type C/I = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive
Waiv = Violation for Which Fines/Costs May be Waived Authorization pend. = Authorization pending

Remarks

CHECK IF APPROPRIATE ☐ Damage to Property ☐ Local Court Bond \$ ☐
☐ Vehicle Impounded ☐ Injury ☐ License Posted In Lieu of Bond
☐ Traffic Crash ☐ Death ☐ Appearance Certificate
 Person in Active Military Service ☐ Yes ☒ No ☐ None
 SEE DATE BELOW. SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS
☒ Appearance Date on or before 10-17-01 830am
☐ Hearing Date (if applicable) on ☐ Contact Court
☐ Juvenile Traffic Misd. (Court will Notify) ☐ Formal Hearing Required (Court will Notify)

In the 52-4 DISTRICT Court of OAKLAND COUNTY

Court Address & Phone Number
520 W. BIG BEAVER RD., TROY, MICHIGAN 48084
PHONE: (248) 528-0400

☐ I served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable).
 I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.

Complainant's Signature and receipt if applicable
 Officer's Name (printed) A. Cascioli
 Agency ORI MI-6378400 Agency Name TROY POLICE DEPARTMENT
 UC-01a (rev. 11/95) Court Copy 1

Reviewed By: WLA # 224

TROY POLICE DEPARTMENT PROPERTY RECORD

COMPLAINT # 01-34449

EVIDENCE ☒ PERSONAL ☐ FOUND ☐ RECOVERED ☐ CONFISCATED ☐ LOCKER #

CHARGE FURNISH ALCOHOL TO MINOR DESCRIPTION 22 02 BOTTLE OF

BUD LITE BEER.

REPORTING OFFICER CASCIOLI / BARTON DATE 9-25-01 TIME 1840

DEFENDANT: RASON ANESU CHIDYANUSIKU 5-26-80 B/m

DEFENDANT: FIRST MIDDLE LAST DOB RACE/SEX

INSTRUCTIONS TO PROPERTY SECTION: Hold for court & LCC

OWNER: NAME TYPD PHONE

ADDRESS CITY ZIP

CLAIMED BY: DATE

TAG 114792

FOR PROPERTY SECTION USE ONLY - BIN#

PRESS - YOU ARE MAKING FIVE COPIES
 ORDER BY FORM NO. M76 (Revised 11/95)
 FIDLAR DOUBLEDAY KALAMAZOO, MI



City of
Troy

Charles T Craft, Chief of Police
500 West Big Beaver Road
Troy, Michigan 48084
(248) 524-3443

MEMORANDUM

SUPPORT SERVICES DIVISION

DATE: January 29, 2002

TO: Jackie, Law Dept

FROM: Sgt. George Zielinski

SUBJECT: Summons' Dispositions

Hi Jackie-

Can I get the Summons' Dispositions (if adjudicated) for the following Liquor violations? Thanks.

As requested!

Summons Number	Date	Defendant	Disposition
624951	04/24/01	Hejais, Hannah	Pled Guilty \$75 fine
618111	04/24/01	Badgero, Pamela	Pled Guilty \$50 fine
618112	05/03/01	Radzio, Andrzen	Pled Guilty \$250 fine
632133	08/17/01	Cocuzza, Angela	PUA 6 mo. Set for 6-10-02
618101	05/03/01	Almbida, Cleofas	Pled Guilty \$75 fine
618107	08/17/01	Choi, Mi	Pled Guilty \$150 fine
618102	08/17/01	Ducato, Joseph	Pled Guilty \$250 fine
632140	09/25/01	Chidyausiku, Rason	PUA 12 mo Set for 12-7-02
632142	09/25/01	Mikha, Luay	Pled Guilty \$50 fine
618108	09/25/01	Kaur, Rajandeep	Bench Trial 2-12-02 / Bolle
632144	10/05/01	Lawson, Chad	Pled Guilty \$250 fine

Jackie

February 15, 2002

Rite Aid Discount Pharmacy #4305
Rite Aid of Michigan, Inc.
2971 W Maple
Troy, Michigan 48084

Re: Liquor License: Rite Aid Discount Pharmacy #4305
2971 W Maple
Troy, Michigan 48084

Pursuant to Chapter 92, Section 9.84 of the Code of the City of Troy, a Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Wednesday, February 27, 2002 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the revocation of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

License Type: SDD 10077-2001 & SDM 4978-2001
Violation Name: Sale to Minor
Violation Date(s): September 25, 2001

You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

Sincerely,

Barbara A. Holmes
Deputy City Clerk

Farmer Jack Supermarket #789

Borman's Inc.

2105 W South

Troy MI 48098

SDM 18011-2000

Sale to Minor

LCC

Liquor Licensee History

Business name: **Farmer Jack Supermarket**

Address: 2105 W. South Blvd. (248)

Licensee: Borman's Inc.

License type: **SDM (18011-2000)**

Permits:

Comments:

Date	Troy Incident #	Type	Disposition	Date
03/14/99	99-09752	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/03/99	99-20606	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/23/99	99-23654	Compliance Test	PASSED	
08/25/99	99-32729	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
10/27/99	none	Compliance Test	PASSED	
12/01/99	99-45835	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
07/25/00	none	Compliance Test	PASSED	
10/24/00	00-39408	Sale to Minor (Compliance Test)	\$500	
11/15/00	00-42363	Compliance Test	PASSED	
02/28/01		Council resolves to require TIPS/TAM for all employees selling alcohol and provide proof to PD within 6 months		
04/24/01	00-14112	Sale to Minor (Compliance Test)	DISMISSED SEA FTA	
08/14/01	01-29135	Compliance Test	PASSED	
09/25/01	01-34508	Compliance Test	PASSED	
10/21/01	01-37970	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
01/06/02	02-00590	Liquor Inspection (Road Patrol)	NO VIOLATIONS	

**FARMER JACK SUPERMARKET
2105 W SOUTH BLVD**

2001 INCIDENT HISTORY

Complaint Number	Report Date	Description
01-04492	02/07/01	Retail Fraud II
01-05832	02/17/01	Retail Fraud III
01-08777	03/14/01	Burglary Alarm
01-12121	04/10/01	Private Property Injury Accident
01-13631	04/21/01	Private Property Damage Accident
01-14112	04/24/01	LCC Violation
01-16182	05/09/01	Hit & Run Private Property Accident
01-18189	05/24/01	Retail Fraud I
01-19442	06/04/01	Private Property Damage Accident
01-21070	06/15/01	Hit & Run Private Property Accident
01-22530	06/26/01	Retail Fraud III
01-25667	07/19/01	Hit & Run Private Property Accident
01-25970	07/21/01	Burglary Alarm
01-26041	07/22/01	Retail Fraud III
01-30747	08/27/01	Hit & Run Private Property Accident
01-34295	09/24/01	Larceny in a Building
01-34337	09/24/01	Private Property Accident
01-34766	09/28/01	Burglary Alarm
01-36484	10/10/01	Retail Fraud III
01-36781	10/12/01	Private Property Accident
01-39488	11/01/01	Retail Fraud III
01-40964	11/13/01	Hit & Run Private Property Accident
01-42367	11/25/01	Hit & Run Private Property Accident
01-44742	12/15/01	Retail Fraud III



Michigan Department of Consumer & Industry Services

LIQUOR CONTROL COMMISSION (LCC)

7150 Harris Drive
P.O. Box 30005
Lansing, Michigan 48909-7505
Phone (517) 322-1390 ~ FAX (517) 322-6347

VIOLATION REPORT

(Authorized by P.A.58 of 1998)

*** Officers Please Obtain This Information From The License ***

License No. SDM-18011-2001 Business ID 17412 File # _____

(THIS INFORMATION NOT AVAILABLE ON LICENSE UNTIL 5/1/99)

1. Name of Licensee Borman's, Inc. #789 2. Doing Business As Farmer Jack

3. Mailing Address (street, city, zip code) 2105 W. South Blvd., Troy, 48098

4. Township _____ 5. County Oakland

6. Type of License(s) & Permit(s) SDM

7. Date of Violation: Tuesday April 24, 2001 9:25 : AM or PM
(DAY) (DATE) (HOUR)

8. Violation Type: ☒ Minor
☐ Intoxicated Person ☐ After hours sales/consumption ☐ Gambling
☐ Fighting (must be inside licensed premises) ☐ Controlled Substances
☐ Failure to Cooperate ☐ Prohibited Conduct OTHER: _____

if MINOR: Birth date 04/21/82 Was this a DECOY? ☒ Yes ☐ No If no, you MUST answer below:

IF above minor violation was not a decoy describe Enforcement Action Taken: _____

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 01-14112

Officer Signature [Signature] Name and Title (print) Police Officer Antonio Cascioli

Officer Signature [Signature] Name and Title (print) Police Officer Carl Barton

Department Name Troy Police Department Phone # (248) 524-3477
LC-600 Rev. 4/99 4880-2362

WITNESSES

1. Name Michael Monacelli Address 2105 W. South Blvd., Troy, MI, 48098

Will testify to: Assistant Manager of store - advised of violation.

2. Name Matthew Thomas Arnold Address c/o 500 W. Big Beaver Rd., Troy, MI, 48084

Will testify to: purchasing wine from Pamela Badgero.

3. Name Pamela Jean Badgero Address 1498 Grace, Rochester Hills, MI, 48309

Will testify to: selling the wine to Arnold without asking or attempting in any way to i.d. him.

4. Name Officer Antonio Cascioli Address 500 W. Big Beaver Rd., Troy, MI, 48084

Will testify to: witnessing the violation.

5. Name Officer Carl Barton Address 500 W. Big Beaver Rd., Troy, MI, 48084

Will testify to: witnessing the violation.

EVIDENCE

Location Held: Troy P.D. Property Room, tag #112822

1 bottle of Ernest & Julio Galio White Grenache wine.

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48064-5285
ORI # M16378400

INCIDENT REPORT

SUPP ☐

PAGE 1 OF 3

01	DATE	04/24/01	DAY	TUE	SHIFT	09	PLATOON	95	BADGE 1	070	BADGE 2	042	UCR STATUS	E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR	01	INCIDENT NUMBER	14112
02	RECEIVED	2125	DISPATCHED		ARRIVED		COMPLETED	2230	DATE(S) OCCURRED	042401	TIMES(S) OCCURRED	2125	ASSIGNED HOUR / DAY	21 TUE					
03	LOCATION / ADDRESS	2105	(DIRECTION, STREET, SUFFIX, QUALIFIER)	W. SOUTH BLVD	LOCATION 2 (INTERSECTING STREET)	CROOKS													
04	CITY	TROY	STATE	MI	ZIP	48098	CODE	4	BUSINESS NAME	FARMER JACK	BUSINESS PHONE	248-879-3803							
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION	GROCERY STORE	ESTAB CODE	0208	ORIGIN	<input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911 <input type="checkbox"/> FOP <input type="checkbox"/> OTHER <input type="checkbox"/> MDT	HOW ACTIVATED	<input type="checkbox"/> 95-FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT <input type="checkbox"/> DISP <input type="checkbox"/> OTHER	PATROL	06	GEOGRAPHIC								
06	NATURE OF OFFENSE #1	LOVOR VIOLAT-01	ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense)	B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING								
07	NATURE OF OFFENSE #2		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY										
08	NATURE OF OFFENSE #3		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY										
09	NATURE OF OFFENSE #4		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY	OFFENSE COMMENTS									

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITHN (9) SECUR'D BY (10) JUV ARREST (11) DRIVER (12) PASSENGER (13) SUMMONED (14) RESPONSIBLE

V 10	CODE	148	VICT #	ARNOLD, MATTHEW THOMAS	RAC	WM	SEX	M	DOB	04218219	AGE	21
I 11	ADDRESS	500	(DIRECTION, STREET, SUFFIX, QUALIFIER)	W. BIG BEAVER	CITY	TROY	STATE	MI	ZIP	48084		
G 12	HOME PHONE		BUSINESS PHONE	524-3477	STATE		DRIVER'S LICENSE #		PERSON COMMENTS / OTHER I.D.	DECOY		
T 13	VICTIM <input type="checkbox"/> 1 <input type="checkbox"/> 3	VICTIM TYPE	F <input type="checkbox"/> FINANCIAL I <input type="checkbox"/> INDIVIDUAL B <input type="checkbox"/> BUSINESS G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY	N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL		
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	OUTSIDE FAMILY, BUT KNOWN	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER	NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES	
M 15	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	OUTSIDE FAMILY, BUT KNOWN	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER	NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES		

16	CODE	45	OFF #	BADGERO, PAMELA JEAN	RAC	WF	SEX	F	DOB	04145546	AGE	46		
A 17	ADDRESS	1498	(DIRECTION, STREET, SUFFIX, QUALIFIER)	GRACE	CITY	ROCHESTER HILLS	STATE	MI	ZIP	48309				
R 18	HOME PHONE	N/P	BUSINESS PHONE		HEIGHT	5-6	WEIGHT	180	EYES	BLK	BUILD	MED	SKIN TONE	LT
R 19	STATE	MI	DRIVER'S LICENSE #	B326676385290	SOC. SEC. #		SID #		FBI #					
E 20	PERSON COMMENTS / CLOTHING	CASHIER #7	SUMMONS / CITATION NUMBER(S)	618111										

S 21	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
T 22	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER

23	ARREST <input type="checkbox"/> ON VIEW (No Warrant) TYPE <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 ARREST <input type="checkbox"/> INDICATOR <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y INDICATOR <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNICKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	<input type="checkbox"/> DIS <input type="checkbox"/> PER <input type="checkbox"/> TEL
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CODES (H) HOLD (S) STOLEN (E) EVIDENCE (L) LOST (A) ATTACKED (R) RECOVERED (F) FOUND (C) CONFISCATED (I) IMPOUNDED (V) SUSPECT VEHICLE (B) BURNED (Y) FORGED / COUNTERFEITED

24	CODES	E	DESCRIPTION	PROPERTY TYPE	QUANTITY	YEAR	MAKE	MODEL	WHITE
25	STYLE		COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.	ERNEST JULIO GALLI GRENADE
26	STOLEN		DAMAGED	RECOVERED	PROPERTY TAG #	LOCATION PROPERTY	LEIN / NCIC REF #		
27	REC BADGE		REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED
28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK	PURCHASED BY STUDENT ENFORCEMENT AD	SEIZED DRUGS	TYPE	AMOUNT	MEAS			
29	INVESTIGATING OFFICER(S)	DPV / CASCIOLI / BARTON	REVIEWED BY:	WLA # 224	ATTENTION TO:				

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48064-5285
ORI # MI6378400

PERSON REPORT

SUPP ☐

PAGE 2 OF 3

01	DATE 042401	DAY TUE	SHIFT 02	PLATOON 99	BADGE 1 042	BADGE 2 070	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 011	INCIDENT NUMBER 14112
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V 02	CODE 4	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) MONACELLI, MICHAEL	RAC WM	SEX M	DOB	AGE		
I 03	ADDRESS 2105 W. SOUTH BLVD.		CITY TROY		STATE MI	ZIP 48098			
G 04	HOME PHONE	BUSINESS PHONE 879-3803	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. ASST. STORE MGR.				
T 05	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4		VICTIM TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIGIOUS		S <input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> OTHER <input type="checkbox"/> POLICE OFFICER VICTIM INJURY <input type="checkbox"/> NONE <input type="checkbox"/> BROKEN BONE <input type="checkbox"/> MINOR INJURY <input type="checkbox"/> MAJOR INJURY		I <input type="checkbox"/> POSS. INT. INJURIES <input type="checkbox"/> SEVERE LACERATION T <input type="checkbox"/> LOSS OF TEETH <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL	
I 06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
M 07	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	98 STRANGER		
	02 C-L SPOUSE	06 GRANDPARENT	10 STEPCCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	99 UNKNOWN		
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN			
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER			

V 08	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE		
I 09	ADDRESS		CITY		STATE	ZIP			
G 10	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.				
T 11	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4		VICTIM TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIGIOUS		S <input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> OTHER <input type="checkbox"/> POLICE OFFICER VICTIM INJURY <input type="checkbox"/> NONE <input type="checkbox"/> BROKEN BONE <input type="checkbox"/> MINOR INJURY <input type="checkbox"/> MAJOR INJURY		I <input type="checkbox"/> POSS. INT. INJURIES <input type="checkbox"/> SEVERE LACERATION T <input type="checkbox"/> LOSS OF TEETH <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL	
I 12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
M 13	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	98 STRANGER		
	02 C-L SPOUSE	06 GRANDPARENT	10 STEPCCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	99 UNKNOWN		
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN			
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER			

A 14	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE			
R 15	ADDRESS		CITY		STATE	ZIP				
R 16	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE		
R 17	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #					
E 18	PERSON COMMENTS / CLOTHING			SUMMONS / CITATION NUMBER(S)						
S 19	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM DIS DEPARTMENT ARREST NUMBER		
T 20	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM DIS AFIS NUMBER		
21	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)		MULTIPLE <input type="checkbox"/> MULTIPLE ARREST <input type="checkbox"/> COUNT 1 INDICATOR <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y INDICATOR <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL

A 22	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE			
R 23	ADDRESS		CITY		STATE	ZIP				
R 24	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE		
R 25	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #					
E 26	PERSON COMMENTS / CLOTHING			SUMMONS / CITATION NUMBER(S)						
S 27	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM DIS DEPARTMENT ARREST NUMBER		
T 28	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM DIS AFIS NUMBER		
29	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)		MULTIPLE <input type="checkbox"/> MULTIPLE ARREST <input type="checkbox"/> COUNT 1 INDICATOR <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y INDICATOR <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL

30	INVESTIGATING OFFICER(S): CASCIOLI / BARTON	REVIEWED BY:	ATTENTION TO:
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TROY POLICE DEPT.

500 W. Big Beaver, Troy, MI 48064

ORI #MI6378400

NARRATIVE REPORT☒ SUPP ☐ CORR ☐ DELETEPAGE 1 OF 1

DATE	DAY	SHIFT	PLAT	BADGE 1	BADGE 2	INCIDENT STATUS	PRIM CLASS	YEAR	INCIDENT #
4/24/01	Tue	09	99	070		<input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT		01	14112

Directed Patrol Unit conducting liquor compliance test sent in student enforcement aid Matthew Thomas Arnold w/m 04/21/82 (19 y/o) to the above location.

Arnold selected the listed bottle of Ernest and Julio Gallo wine and went to the register to purchase it. Officers watched as he presented the bottle for purchase. He did not present any identification to the clerk. The clerk did not ask for any identification and the sale was completed.

Officers spoke with the manager, Mike Monacelli and the clerk, Pamela Badgero. Badgero stated that she did not ask for identification and that she thought that he was at least 21. Badgero was issued a citation for furnishing/sell alcohol to minor. The store was issued a liquor violation, which will be filed with the Liquor Control Commission.

The wine was tagged and placed into evidence.

INVESTIGATING OFFICER(S)

REVIEWED BY

ASSIGNED TO/BADGE

ATTENTION TO

C. Barton/A. Cascioli

NARRATIVE REPORT
WITNESS STATEMENT

☐ SUPP ☐ CORR ☐ DELETE PAGE 1 OF 1

01	DATE 04/24/01	DAY TUE	SHIFT 02	PLAT 99	BADGE 1 042	BADGE 2 070	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS 	YEAR 01	INCIDENT # 14112
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02	Statement of: MATTHEW ARNOLD						Home Phone: (248) 288-1069			
(PLEASE PRINT)										
03	Address: 500 W. Big Beaver						Business Phone:			
04	City: TROY						State: MI Zip: 48098			
05										

06 I, MATTHEW ARNOLD, walked into Farmer JACKS AT South Blvd.
07 AND CROOKS AND WENT to the ALCOHOLIC BEVERAGE AREA AND PICKED
08 UP A bottle of WINE. I went to checkout #7 where A white
09 Female Approx. 50 years of AGE RANG the bottle up without ANY
10 Questions Asked OR for I.D. I THEN WALKED outside AND TURNED
11 The Bag with the bottle inside it over to the OFFICERS.

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27 X: 
28 (SIGNATURE)

28	Taken By:			
(SIGNATURE)				
29	Place:	Date:	Time:	

INVESTIGATING OFFICER(S) BARTON/CASUOLI	REVIEWED BY	ASSIGNED TO / BADGE	ATTENTION TO
--	-------------	---------------------	--------------

MICHIGAN DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES
LIQUOR CONTROL COMMISSION
7150 HARRIS DRIVE
P.O. BOX 30005
LANSING, MI 48909

NOTICE OF SCHEDULED HEARING
(Authorized by M.A.C R436.1909)
July 11, 2001

TO: TROY POLICE DEPARTMENT
500 W. BIG BEAVER
TROY, MI 48084

RE: BORMAN'S, INC
D/B/A FARMER JACK
SUPERMARKET #789
2105 W. SOUTH
TROY, MI 48098
Complaint No. 1-61054

A complaint has been filed against the above licensee alleging: SALE TO MINOR,
MATTHEW ARNOLD (19): April 24, 2001

This matter is being scheduled for hearing at the following location, date, and time:

LIQUOR CONTROL COMMISSION
24155 DRAKE ROAD
FARMINGTON, MI 48335-3168

MONDAY
AUGUST 13, 2001
10:00 A.M.

The officer(s) listed below are requested to attend the hearing and bring whatever evidence they have in connection with the case: ***Please review charges and witnesses on the attached Complaint and contact this office immediately if you have any questions.**

PO. Antonio Cascioli

Enclosed are subpoenas for the witnesses involved in this case. We request they be served by your agency. Please notify this office a minimum of three working days prior to the scheduled date of hearing if you are unable to serve the subpoenas.

MATTHEW ARNOLD
C/O TROY POLICE DEPARTMENT

Any request for postponement must be in writing and must be received **in this office no less than two working days prior to the date of the hearing** as required by Rule 434.1931 of the Hearings and Appeal Practice Rules. If you have any questions, contact the Hearings and Appeals Section at (517) 322-1390. Our office hours are 8:00 a.m. to 5:00 p.m. Monday through Friday.

MICHIGAN LIQUOR CONTROL COMMISSION

Susan K. Conklin, Supervisor
Hearings and Appeals Section

SKC:wls
enclosure

cc: PO. Antonio Cascioli



State of Michigan
John Engler, Governor

Department of Consumer & Industry Services
Kathleen M. Wilbur, Director

Liquor Control Commission
7150 Harris Drive
P.O. Box 30005
Lansing, Michigan 48909-7505
(517) 322-1345

August 6, 2001

FAX: 517-322-6347

THOMAS AUTH, JR.
ATTORNEY AT LAW
25800 NORTHWESTERN HWY, SUITE #1000
SOUTHFIELD, MI 48037-0222

RE: BORMAN'S, INC.
D/B/A FARMER JACK SUPERMARKET #789
2105 W SOUTH
TROY, MI 48098
COMPLAINT NO. 1-61054

Dear Mr. Auth:

At your request, the hearing in the above matter scheduled for **MONDAY, AUGUST 13, 2001** in **FARMINGTON** has been postponed. Your office will be advised of the rescheduled hearing date.

Should any questions arise regarding this matter, please contact this office at (517) 322-1390. Our hours are from 8:00 a.m. to 5:00 p.m., Monday thru Friday.

Sincerely,

MICHIGAN LIQUOR CONTROL COMMISSION

Susan K. Conklin, Supervisor
Hearings and Appeals

SKC:cmg

(cc) Licensee
✓ Troy Police Department
PO Antonio Cascioli
Matthew T. Arnold % Troy Police Department
Home Office

MICHIGAN DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES
LIQUOR CONTROL COMMISSION
7150 HARRIS DRIVE
P.O. BOX 30005
LANSING, MI 48909



NOTICE OF SCHEDULED HEARING
(Authorized by M.A.C R436.1909)

August 17, 2001

TO: Chief of Police
Troy Police Department
500 W. Big Beaver
Troy, MI 48084

RE: Borman's, Inc.
d/b/a Farmer Jack Supermarket #789
2105 W. South
Troy, MI 48098
Complaint No. 1-61054

A complaint has been filed against the above licensee alleging: Sale to minor - Matthew T. Arnold (19). April 24, 2001.

This matter is being scheduled for hearing at the following location, date, and time:

OFFICES OF LIQUOR CONTROL COMMISSION
24155 DRAKE RD.
FARMINGTON, MI 48335-3168

Wednesday
September 12, 2001
10:00 a.m.

The officer(s) listed below are requested to attend the hearing and bring whatever evidence they have in connection with the case: *** Please review charges and witnesses on the attached Complaint and contact this office immediately if you have any questions.**

PO Antonio Cascioli

For your convenience, subpoena(s) are enclosed for your witnesses involved in this matter. Please ensure proper service. If any subpoenaed witnesses cannot be served as they reside outside of your department's jurisdiction, please forward to the police agency that does have jurisdiction. In any event, please notify this office if a subpoena has not been served within **5 business days** of the date of the scheduled hearing, or have the agency that is serving the subpoena for your department so notify this office at the number indicated below.

Matthew T. Arnold
c/o Troy Police Department

Any request for postponement must be in writing and must be received in **this office no less than two working days prior to the date of the hearing** as required by Rule 434.1931 of the Hearings and Appeal Practice Rules. If you have any questions, contact the Hearings and Appeals Section at (517) 322-1390 or FAX (517) 322-6347. Our office hours are 8:00 a.m. to 5:00 p.m., Monday through Friday.

MICHIGAN LIQUOR CONTROL COMMISSION

Susan K. Conklin, Supervisor
Hearings and Appeals Section

SKC:tt

Enclosure

c: PO Antonio Cascioli

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES
LIQUOR CONTROL COMMISSION

IN RE: BORMAN'S, INC.
D/B/A FARMER JACK SUPERMARKET #789
2105 W. SOUTH
TROY, MI 48098

HEARING: SEPTEMBER 12, 2001
PLACE: FARMINGTON
COMPLAINT NO. 1-61054
BUSINESS I.D. #: 17412
SDM

CHARGES - April 24, 2001

- (1) Sell, furnish or give away alcoholic liquor to a person, one Matthew T. Arnold, date of birth April 21, 1982, who had not then attained the age of twenty-one (21) years, contrary to Const 1963, art 4, § 40 and contrary to Section 801(2) and/or Section 701(1) of the Michigan Liquor Control Code, MCL 436.1801(2) and/or MCL 436.1701(1).

FINDINGS OF FACT

The Administrative Law Judge accepted without objection, the Motion of Attorney Thomas Auth, that the appearance of a corporate officer, in this matter be waived, pursuant to the provisions of Rule R 436.1913(2), said waiver to be subject to the express agreement by said Attorney Auth, that he will inform the Licensed Corporation of the disposition in this matter.

Attorney Auth, entered a plea of denial to the charge stated in Case No. 1-61054 pursuant to Rule R 436.1909 of the Michigan Liquor Control Commission (MLCC).

Attorney Auth, moved that the charge be dismissed for lack of sufficient evidence to substantiate said charge when the main witness, to wit: Matthew Arnold, failed to appear for the hearing. Assistant Attorney General J. Courtney Smith, who represented all law

enforcement agencies in this matter, did not oppose said motion, explaining to the Administrative Law Judge that in his opinion it would not be possible to secure the presence of said witness, at this hearing or any future scheduled hearing on this matter.


CONCLUSIONS OF LAW

The Administrative Law Judge concluded that the facts in this case could not be substantiated and, therefore, do not support the finding of a violation as cited in the charge in this Complaint.

ORDER

The Administrative Law Judge Orders the charge stated in the above Complaint DISMISSED for insufficient evidence.

MICHIGAN LIQUOR CONTROL COMMISSION


Dennis Flessland, Administrative Law Judge

Dated: October 9, 2001

J. Courtney Smith
Assistant Attorney General
24155 Drake Road
Farmington, MI 48335

Thomas L. Auth, Jr.
Attorney at Law
25800 Northwestern Highway
10th Floor, P.O. Box 222
Southfield, MI 48037-0222



City of
Troy

Charles T Craft, Chief of Police
500 West Big Beaver Road
Troy, Michigan 48084
(248) 524-3443

MEMORANDUM

SUPPORT SERVICES DIVISION

DATE: January 29, 2002

TO: Jackie, Law Dept

FROM: Sgt. George Zielinski

SUBJECT: Summons' Dispositions

Hi Jackie-

Can I get the Summons' Dispositions (if adjudicated) for the following Liquor violations? Thanks.

As requested!

Summons Number	Date	Defendant	Disposition
624951	04/24/01	Hejais, Hannah	Pled Guilty \$75 fine
618111	04/24/01	Badgero, Pamela	Pled Guilty \$50 fine
618112	05/03/01	Radzio, Andrzen	Pled Guilty \$250 fine
632133	08/17/01	Cocuzza, Angela	PUA 6 mo. Set for 6-10-02
618101	05/03/01	Almbida, Cleofas	Pled Guilty \$75 fine
618107	08/17/01	Choi, Mi	Pled Guilty \$150 fine
618102	08/17/01	Ducato, Joseph	Pled Guilty \$250 fine
632140	09/25/01	Chidyausiku, Rason	PUA 12 mo Set for 12-7-02
632142	09/25/01	Mikha, Luay	Pled Guilty \$50 fine
618108	09/25/01	Kaur, Rajandeep	Bench Trial 2-12-02 / Bolle
632144	10/05/01	Lawson, Chad	Pled Guilty \$250 fine

Jackie

February 15, 2002

Farmer Jack Supermarket #789
Borman's Inc.
2105 W South
Troy, Michigan 48098

Re: Liquor License: Farmer Jack Supermarket #789
2105 W South
Troy, Michigan 48098

Pursuant to Chapter 92, Section 9.84 of the Code of the City of Troy, a Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Wednesday, February 27, 2002 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the revocation of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

License Type: SDM 18011-2000
Violation Name: Sale to Minor
Violation Date(s): April 24, 2001

You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

Sincerely,

Barbara A. Holmes
Deputy City Clerk

February 15, 2002

Thomas L. Auth, Jr.
Attorney at Law
25800 Northwestern Hwy. PO Box 222
Southfield, Michigan 48037-0222

Re: Liquor License: Farmer Jack Supermarket #789
2105 W South
Troy, Michigan 48037-0222

Pursuant to Chapter 92, Section 9.84 of the Code of the City of Troy, a Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Wednesday, February 27, 2002 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the revocation of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

License Type: SDM 18011-2000
Violation Name: Sale to Minor
Violation Date(s): April 24, 2001

You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

Sincerely,

Barbara A. Holmes
Deputy City Clerk

Bottle & Cork Wine Shop
Bottle & Cork Wine Shop, Inc.

1660 John R

Troy MI 48084

SDD 18683-2000 & SDM 11018-2000

Sale to Minor

LCC

Liquor Licensee History

Business name: **Bottle & Cork Wine Shop**

Address: 1660 John R (248) 689-0244

Licensee: Bottle & Cork Wine Shop, Inc.

License type: **SDD** (18683-2000) **SDM** (11018-2000)

Permits: Sunday Sales

Comments:

Date	Troy Incident #	Type	Disposition	Date
04/22/91		Council approves transfer of license		
11/04/92	92-33946	Sale to Minor (Compliance test)	\$200 fine	04/15/93
05/12/94		MLCC approves status change to Corporation		
03/17/99	99-10151	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
05/05/99	99-16637	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/22/99	99-23609	Compliance Test	PASSED	
07/20/99	99-27602	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
09/07/99	99-34536	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
10/27/99	none	Compliance Test	PASSED	
10/28/99	99-41398	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
07/25/00	none	Compliance Test	PASSED	
11/15/00	00-42345	Compliance Test	PASSED	
02/07/01	01-04515	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
04/20/01	01-13522	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
08/10/01	01-28532	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
08/14/01	01-29106	Compliance Test	PASSED	
09/01/01	01-31455	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
09/25/01	01-34459	Sale to Minor (Compliance Test)	pending	

10/25/01	01-38525	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
11/15/01	MLCC	Sale to Minor (MLCC Operation)	\$500	02/01/02
01/20/02	02-02146	Liquor Inspection (Road Patrol)	NO VIOLATIONS	

**BOTTLE & CORK PARTY STORE
1660 JOHN R RD**

2001 INCIDENT HISTORY

Complaint Number	Report Date	Description
01-34459	09/25/01	LCC Violation
MLCC	11/15/01	LCC Violation
01-42214	11/24/01	Private Property Damage Accident

DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
LIQUOR CONTROL COMMISSION
7150 Harris Drive
P. O. Box 30005
Lansing, MI 48909

NOTIFICATION OF VIOLATION REPORT
(Authorized by MAC R436.1905)



TO: City of Troy Police Department
500 West Big Beaver Road
Troy, MI 48083

Date: Nov 16, 2001

This is to advise you that a violation has been submitted by investigators of the Liquor Control Commission charging the below named licensee with: sale of alcoholic beverages to a person less than 21 years of age in violation of R436.1801 Sec. 801 (2) (under age purchaser of the Commission)

on Thursday, November 15, 2001 at 2:48 PM.

Licensee: Bottle and Cork Wine Shop, Inc

Address: 1660 John R, Troy, MI 48048

You will be notified of the disposition of this alleged violation after a hearing has been held and a decision made. If you have any question contact the Enforcement Section at (517) 322-1370.

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48064-5285
ORI # MI6378400

INCIDENT REPORT

SUPP ☐

PAGE 1 of 2

01	DATE 09.25.01	DAY TUE	SHIFT 09	PLATOON 99	BADGE 1 07	BADGE 2 0042	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINES	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 01	INCIDENT NUMBER 34459	
02	RECEIVED 1930	DISPATCHED	ARRIVED	COMPLETED	DATE(S) OCCURRED 09.25.01		TIMES(S) OCCURRED 1930		ASSIGNED HOUR / DAY 19 TUE		
03	LOCATION / ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER) 1660 John R						LOCATION 2 (INTERSECTING STREET)				
04	CITY Troy	STATE MI	ZIP	CODE L	BUSINESS NAME BOTTLE + CORK				BUSINESS PHONE		
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION PARTY STORE				ESTAB CODE 210	ORIGIN <input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911 <input type="checkbox"/> FOP <input type="checkbox"/> OTHER <input type="checkbox"/> MDT	HOW ACTIVATED <input type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT <input type="checkbox"/> DISP <input type="checkbox"/> OTHER	PATROL 04	GEOGRAPHIC		
06	NATURE OF OFFENSE #1 LCC VIOLATION				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY
07	NATURE OF OFFENSE #2 ORDINANCE VIOLATION				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY
08	NATURE OF OFFENSE #3				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY
09	NATURE OF OFFENSE #4				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY

OOES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITHN (9) SECUR'D BY (10) JUV ARREST (11) DRIVER (12) PASSENGER (13) SUMMONED (14) RESPONSIBLE

10	CODE 8	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) LAMERATO Anthony	RAC W	SEX M	DOB 03/17/83	AGE 19
11	ADDRESS 500 W B.G BEAVER		CITY Troy	STATE	ZIP		
12	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. STUDENT ENT. A.D.		

13	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	VICTIM TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL	
14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY				OUTSIDE FAMILY, BUT KNOWN				NOT KNOWN	
15	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITTEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER	98 STRANGER 99 UNKNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES	

16	CODE 45	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX) MIKHA LUAY JOURY-TOSIA ALKAS	RAC W	SEX M	DOB 09/25/60	AGE 31	
17	ADDRESS 7117 TIMBERVIEW TRAIL		CITY W. Bloomfield	STATE MI	ZIP 48322			
18	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE

19	STATE DRIVER'S LICENSE # MIA422560443699	SOC. SEC. #	SID #	FBI #
----	---	-------------	-------	-------

20	PERSON COMMENTS / CLOTHING ASST MGR - CLERK	SUMMONS / CITATION NUMBER(S) 632142
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21	ARREST / SUMMONS DESCRIPTION FURNISH ALCOHOL TO MINOR	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
22	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
23	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input checked="" type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST <input type="checkbox"/> UNARMED <input type="checkbox"/> ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.)	30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> TEL

24	OOES (H) HOLD (S) STOLEN (E) EVIDENCE (L) LOST (A) ATTACKED (R) RECOVERED (F) FOUND (C) CONFISCATED (I) IMPOUNDED (V) SUSPECT VEHICLE (B) BURNED (Y) FORGED / COUNTERFEITED	DESCRIPTION 32 02 BOTTLE	PROPERTY TYPE	QUANTITY	YEAR	MAKE BUDWEISER	MODEL BEER
25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.

26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG # 114791	LOCATION PROPERTY PR	LEIN / NCIC REF #		
27	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED

28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK SOLD TO LAMERATO BY MIKHA	SEIZED DRUGS	TYPE	AMOUNT	MEAS
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29	INVESTIGATING OFFICER(S) C. BROWN A. CASALI 42	REVIEWED BY:	ATTENTION TO:
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TROY POLICE DEPT.

500 W. Big Beaver, Troy, MI 48064

ORI #MI6378400

NARRATIVE REPORT☒ SUPP ☐ CORR ☐ DELETEPAGE 1 OF 1

DATE	DAY	SHIFT	PLAT	BADGE 1	BADGE 2	INCIDENT STATUS	PRIM CLASS	YEAR	INCIDENT #
9/25/01	Tue	09	99	070		<input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT		01	34459

Directed Patrol Unit conducting liquor compliance test sent in student enforcement aid Anthony Lamerato w/m 03/17/83 (19 y/o) to the above location.

Lamerato selected the listed Budweiser beer and went to the register to purchase it. The clerk did not ask for any identification and the sale was completed.

Officers spoke with the assistant store manager, who is also the person who made the sale, Luay Joury-Tobia Alkas Mikha. Mikha stated that he did not ask for identification and that he thought that the student enforcement aid was at least 30. He stated that he was busy and thought about asking for ID but failed to. Officer Cascioli did not see any people in line at the time the sale was conducted. Mikha was issued a citation for furnishing/sell alcohol to minor. The store was issued a liquor violation, which will be filed with the Liquor Control Commission.

The beer was tagged and placed into evidence.

INVESTIGATING OFFICER(S)

C. Barton/A. Cascioli

REVIEWED BY

ASSIGNED TO/BADGE

ATTENTION TO

NARRATIVE REPORT
WITNESS STATEMENT

☐ SUPP ☐ CORR ☐ DELETE PAGE 1 of 1

01	DATE 09/25/01	DAY TUE	SHIFT 09	PLAT 99	BADGE 1 070	BADGE 2	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEAR 01	INCIDENT # 34459
----	------------------	------------	-------------	------------	----------------	---------	---	------------	------------	---------------------

02 Statement of: Anthony Lamerato Home Phone: (248) 524-343

03 Address: (PLEASE PRINT) 500 W Big Beaver Business Phone:

04 City: Troy State: MI Zip:

05

06 I (Anthony Lamerato) approached the counter

07 with a 32 oz. Budweiser and the

08 male cashier asked no questions and I

09 then paid for it.

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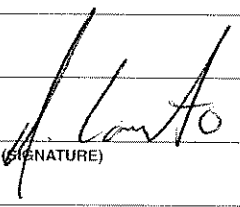
22


23

24


25

26

27 X: 
(SIGNATURE)

28 Taken By: 
(SIGNATURE)

29 Place: 500 Date: 9-25-01 Time: 2230

INVESTIGATING OFFICER(S) 	REVIEWED BY	ASSIGNED TO / BADGE	ATTENTION TO
--	-------------	---------------------	--------------



Michigan Department of Consumer & Industry Services

LIQUOR CONTROL COMMISSION (LCC)

7150 Harris Drive
P.O. Box 30005
Lansing, Michigan 48909-7505
Phone (517) 322-1390 ~ FAX (517) 322-6347

VIOLATION REPORT

(Authorized by P.A.58 of 1998)

*** Officers Please Obtain This Information From The License ***

License No. SDD-18683-2001 SS Business ID 12834 File # _____
SDM 11018-2001 (THIS INFORMATION NOT AVAILABLE ON LICENSE UNTIL 5/1/99)

1. Name of Licensee BOTTLE & CORK WINE SHOP 2. Doing Business As BOTTLE & CORK WINE SHOP
3. Mailing Address (street, city, zip code) 1660 JOHN R
4. Township _____ 5. County OAKLAND
6. Type of License(s) & Permit(s) SDD, SDM, SUNDAY SALES
7. Date of Violation: TUE. 9-25-01 7:30 AM or PM
(DAY) (DATE) (HOUR)
8. Violation Type: ☒ Minor
☐ Intoxicated Person ☐ After hours sales/consumption ☐ Gambling
☐ Fighting (must be inside licensed premises) ☐ Controlled Substances
☐ Failure to Cooperate ☐ Prohibited Conduct OTHER: _____

if MINOR: Birth date 3-17-83 Was this a DECOY? ☒ Yes / No If no, you MUST answer below:

IF above minor violation was not a decoy describe Enforcement Action Taken: _____

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 61-34459

Officer Signature [Signature] Name and Title (print) ANTONIO CASCIOW (OFFICER)
Officer Signature _____ Name and Title (print) CARL BARTON (OFFICER)

Department Name TROY P.D. Phone # 524-3477
LC-600 Rev. 4/99 4880-2362

OWNER

WITNESSES

1. Name LUAY-JOURY-TOBIA ALKAS MIKHA Address 7117 TIMBERVIEW, WEST BLOOMFIELD
48322

Will testify to: SELLING THE BOTTLE OF BUDWEISER TO THE DEBY W/O
ASKING FOR I.D.

2. Name _____ Address _____

Will testify to: _____

3. Name _____ Address _____

Will testify to: _____

4. Name _____ Address _____

Will testify to: _____

5. Name _____ Address _____

Will testify to: _____

EVIDENCE

Location Held: 1 3202 BOTTLE OF BUDWEISER IN TROY

EVIDENCE LOCK-UP

Uniform Law Citation		N ^o 632142		Incident No. 01-34459		Dept. No.																					
US DOT #		The People of: <input type="checkbox"/> the State of Michigan <input type="checkbox"/> Township <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> County		Local Use/Arrest No.		Detection Device																					
OF: TROY		BAC		1 or																							
THE UNDERSIGNED SAYS THAT ON:		Month Day Year At approximately <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.		Date Month Day of Birth		9 8 8																					
State		Driver's License Number		Social Security No.																							
MI 422560		443659																									
Race		Sex Height Weight Hair Eyes Occupation/Employer																									
W M																											
Name (First, Middle, Last)																											
LUAY JOURY-TOBIA ALKAS MIKHA																											
Street																											
7117 TIMBEAVEN RD																											
City		State		Zip Code																							
W. HONFELD		MI		48302																							
Vehicle Plate No.		Year		State		Vehicle Description (Year, Make, Color) Type																					
THE PERSON NAMED ABOVE, in violation of <input type="checkbox"/> Local Ordinance <input type="checkbox"/> State Law <input type="checkbox"/> Administrative F																											
UPON 1600 JOHN R																											
AT OR NEAR BOTTLE + CORK																											
WITHIN <input checked="" type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWNSHIP OF TROY																											
COUNTY OF OAKLAND DID THE FOLLOWING																											
MCL Cite/PACC Code/ Ordinance Description (include any bond amount collected on each charge) Ch N																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Type</td> <td>MCL Cite/PACC Code/ Ordinance</td> <td>Description (include any bond amount collected on each charge)</td> <td>Ch N</td> </tr> <tr> <td><input checked="" type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fel</td> <td>49 9.77.3</td> <td>SALE ALCOHOL TO MINOR WHO DILIGENT INQUIRY</td> <td></td> </tr> <tr> <td><input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fel</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fel</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fel</td> <td></td> <td></td> <td></td> </tr> </table>								Type	MCL Cite/PACC Code/ Ordinance	Description (include any bond amount collected on each charge)	Ch N	<input checked="" type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fel	49 9.77.3	SALE ALCOHOL TO MINOR WHO DILIGENT INQUIRY		<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fel				<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fel				<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fel			
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<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fel																											
TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.																											
Offense Code(s)																											
1 2 3																											
Key for Type C/I = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fug Waiv = Violation for Which Fines/Costs May be Waived Authorization pend. = Authorization pending																											
Remarks																											
CHECK IF APPROPRIATE <input type="checkbox"/> Damage to Property <input type="checkbox"/> Local Court Bond \$ <input type="checkbox"/> License Posted in Lieu of Bond <input type="checkbox"/> Appearance Certificate <input type="checkbox"/> None																											
<input type="checkbox"/> Vehicle Impounded <input type="checkbox"/> Injury <input type="checkbox"/> Traffic Crash <input type="checkbox"/> Death																											
Person in Active Military Service <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																											
SEE DATE BELOW. SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS																											
<input checked="" type="checkbox"/> Appearance Date on or before 10-17-01 830AM																											
<input type="checkbox"/> Hearing Date (if applicable) on <input type="checkbox"/> Contact Court																											
<input type="checkbox"/> Juvenile Traffic Misd. (Court will Notify) <input type="checkbox"/> Formal Hearing Required (Court will Notify)																											
In the 52-4 DISTRICT Court of OAKLAND COUNTY																											
Court Address & Phone Number																											
520 W. BIG BEAVER RD., TROY, MICHIGAN 48084																											
PHONE: (248) 528-0400																											
<input type="checkbox"/> I served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable)																											
I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.																											
Complainant's Signature and receipt if applicable																											
C. Barton																											
Officer's Name (printed) C. Barton A. Cascoli																											
Agency ORI MI- 6378400 Agency Name TROY POLICE DEPARTMENT																											
UC-01a (rev. 11/95) Court Copy 1																											

PRESS - YOU ARE MAKING FIVE COPIES
ORDER BY FORM NO. M76 (Revised 11/95)
FIDLAR DOUBLEDAY KALAMAZOO, MI

Reviewed By:

TROY POLICE DEPARTMENT PROPERTY RECORD

TAG 114791

COMPLAINT # 01-34459

FOR PROPERTY SECTION USE ONLY - BIN#

EVIDENCE ☒ PERSONAL ☐ FOUND ☐ RECOVERED ☐ CONFISCATED ☐ LOCKER #

CHARGE FURNISH ALCOHOL TO MINOR DESCRIPTION 1 32 oz BOTTLE OF

SERIAL #

REPORTING OFFICER CASCOLO / BARTON DATE 9-25-01 TIME 1930

DEFENDANT: LUAY JOURY-TOBIA ALKAS MIKHA 9-8-60 w/m

DEFENDANT: FIRST MIDDLE LAST DOB RACE/SEX

INSTRUCTIONS TO PROPERTY SECTION: Held for court & LCC

OWNER: NAME TYPD PHONE

ADDRESS CITY ZIP

CLAIMED BY: DATE



State of Michigan
John Engler, Governor

Department of Consumer & Industry Services
Kathleen M. Wilbur, Director

Liquor Control Commission
7150 Harris Drive
P.O. Box 30005
Lansing, Michigan 48909-7505
(517) 322-1345

February 5, 2002



Bottle & Cork Wine Shop, Inc.
D/B/A Bottle & Cork Wine Shop
1660 John R
Troy, MI 48084

RE: Complaint No. 1-66518

Dear Licensee:

Enclosed is a copy of the Commissioner's Order issued as the result of the above Complaint.

If you elect to pay the fine, a bank or postal money order, certified check, or authorized credit card payable to the STATE OF MICHIGAN must be received in this office no later than March 11, 2002 as indicated on your Invoice No. 78324. Failure to submit the fine will result in confiscation of your license for the alternative penalty. In any event, costs assessed must be paid, as only fines assessed are alternative to a suspension.

Should you wish to appeal the decision, a request for an appeal, accompanied by a fee of \$25, must be received in this office within 20 days from the mailing date of this Order. **IN FILING FOR AN APPEAL, YOU MUST STATE YOUR REASONS FOR REQUESTING THE APPEAL OR YOUR REQUEST WILL NOT BE HONORED.**

If there are any questions regarding this Order, please contact Hearings and Appeals at (517) 322-1390. Our office hours are from 8:00 a.m. to 5:00 p.m.

Sincerely,

MICHIGAN LIQUOR CONTROL COMMISSION

Susan K. Conklin, Supervisor
Hearings and Appeals

SKC:ll

Enclosures

cc: Inv. Judith Szlatenyi
Troy Police Dept

STATE OF MICHIGAN

DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES
LIQUOR CONTROL COMMISSION

IN RE: BOTTLE & CORK WINE SHOP, INC.
D/B/A BOTTLE & CORK
1660 JOHN R
TROY, MI. 48084

COMPLAINT NO. 1-66518
BUSINESS I.D. NO. 12834

SDD SDM

CHARGE - November 15, 2001

- (1) Sell, furnish or give away alcoholic liquor to a person, one unnamed minor, X-099, date of birth December 5, 1982, who had not then attained the age of twenty-one (21) years, contrary to Const. 1963, Art. 4, §40 and contrary to Section 801(2) and/or Section 701(1) of the Michigan Liquor Control Code, MCL 436.1801(2) and/or MCL 436.1701(1).

FINDINGS OF FACT

The Commissioner finds as fact that based upon the signature of Mike Al-Kas Mikha, an officer of the above named Licensed Corporation, on the Waiver and Acknowledgment form of the Michigan Liquor Control Commission (MLCC), the aforementioned Licensee in this case voluntarily waived right to contest the cited allegation in this matter and, further, waived right to a hearing and entered a plea of acknowledgment to the one charge stated in Case No. 1-66518 pursuant to Rule 436.1907 of the MLCC.

The Commissioner further accepts the Violation Report of this case and attachments therein and a True Copy of the prior record of this Licensee since being licensed by the MLCC at the above named location as evidence in lieu of testimony in this matter.

The Commissioner believes and finds as fact, on the bases of the Violation Report and attachments therein, that an unnamed minor, X-099, date of birth December 5, 1982, while under the direction of the Michigan Liquor Control Commission, entered the above named licensed establishment during November 15, 2001 and purchased alcoholic liquor from an employee of the above-named Licensee after showing proper proof of age which stated his true age of 18 and included the words "Under 21" on it.

The Commissioner further finds that the employee of the above-named Licensee in this case requested and was shown proper proof of age and did not make a diligent inquiry to determine the proper true age of the purchaser.

The Commissioner further believes and finds as fact, on the bases of the Violation Report and attachments therein, that the unnamed minor X-099, date of birth December 5, 1982, was 18 years of age at the time of this incident.

The Commissioner took under consideration for mitigative circumstances a signed written statement submitted to the MLCC by the above-named Mike Al-Kas Mikha.

CONCLUSIONS OF LAW

Based upon the aforementioned Acknowledgment and Findings of Fact, the Commissioner concludes that the Licensee in Case No. 1-66518 did violate MCL 436.1801(2), as cited.

ORDER

In determining penalty for the charge for which a violation was found, the Commissioner considered the young age of the purchaser and the Licensee's total record which shows one prior violation which is similar to the Charge in this Complaint, and which occurred in 1992, since being licensed by the MLCC on June 25, 1991 at the above named location; further, the Commissioner noted that the above-named Licensee successfully passed a MLCC decoy operation in November, 1999.

The Commissioner, therefore, Orders a fine of \$500.00 as penalty in this matter. The Commissioner further Orders that a suspension of 25 days be imposed if the fine is not paid.

MICHIGAN LIQUOR CONTROL COMMISSION

Dated: Feb. 1, 2002


James M. Storey, Commissioner

TRUE COPY



City of
Troy

Charles T Craft, Chief of Police
500 West Big Beaver Road
Troy, Michigan 48084
(248) 524-3443

MEMORANDUM

SUPPORT SERVICES DIVISION

DATE: January 29, 2002

TO: Jackie, Law Dept

FROM: Sgt. George Zielinski

SUBJECT: Summons' Dispositions

Hi Jackie-

Can I get the Summons' Dispositions (if adjudicated) for the following Liquor violations? Thanks.

As requested!

Summons Number	Date	Defendant	Disposition
624951	04/24/01	Hejais, Hannah	Pled Guilty \$75 fine
618111	04/24/01	Badgero, Pamela	Pled Guilty \$50 fine
618112	05/03/01	Radzio, Andrzen	Pled Guilty \$250 fine
632133	08/17/01	Cocuzza, Angela	PUA 6 mo. Set for 6-10-02
618101	05/03/01	Almbida, Cleofas	Pled Guilty \$75 fine
618107	08/17/01	Choi, Mi	Pled Guilty \$150 fine
618102	08/17/01	Ducato, Joseph	Pled Guilty \$250 fine
632140	09/25/01	Chidyausiku, Rason	PUA 12 mo Set for 12-7-02
632142	09/25/01	Mikha, Luay	Pled Guilty \$50 fine
618108	09/25/01	Kaur, Rajandeep	Bench Trial 2-12-02 / Bolle
632144	10/05/01	Lawson, Chad	Pled Guilty \$250 fine

Jackie

February 15, 2002

Bottle & Cork Wine Shop
Bottle & Cork Wine Shop, Inc.
1660 John R
Troy, Michigan 48084

Re: Liquor License: SDD 18683-2000 & SDM 11018-2000
Bottle & Cork Wine Shop
1660 John R
Troy, Michigan 48084

Pursuant to Chapter 92, Section 9.84 of the Code of the City of Troy, Public Hearings will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy Michigan on Wednesday, February, 27, 2002 at 7:30 PM. These hearings allow the Troy City Council to review liquor license violations occurring the previous year.

As you are aware, your licensed establishment was cited for a liquor violation. However, due to time constraints, City Council will hold public hearings only for licensed establishments which have been cited with a violation on more than one occasion in the preceding four years.

There will not be a formal public hearing concerning your establishment, and therefore City Council will not make any recommendations for suspension and/or revocation to the MLCC. However, City Council will be aware of your liquor license citation, and is vested with the authority to pass resolutions concerning the sale of alcohol in your business. One example of a resolution recently passed by Council mandated all servers/sales clerks of a licensee to attend TIPS/TAMS training. You may wish to be present at the City Council meeting to address any questions or concerns that arise concerning your establishment.

If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at (248) 524-3320.

Sincerely,

Barbara A. Holmes
Deputy City Clerk